

THE AMERICAN JOURNAL OF NURSING

VOL. IV

DECEMBER, 1903

NO. 3

WHAT REGISTRATION HAS DONE FOR THE MEDICAL PROFESSION

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EVERY person, says a celebrated document, has an inalienable right to life, liberty, and the pursuit of happiness. Nevertheless, this right has been subjected to certain restrictions. Every individual has the right of life, but not to such liberty of action as to give the right to injure a fellow-being or to so conduct the pursuit of happiness as to inflict harm on others. A man who lives on a desert island has unlimited and undisputed rights and is a law unto himself. Such a person is the only individual who enjoys the questionable privilege of absolute freedom. The moment a second shipwrecked sailor lands on the shore the rights of the first comer are no longer paramount and he can secure and perpetuate his former freedom only by force or murder. The existence of a community implies the existence of law, and from the time of the promulgation of the decalogue to the latest codification, all laws contemplate the existence of large bodies of individuals living together whose relations to one another require regulation. The greater the complexity of the community, the diversity of pursuits, the more necessary does it become to define and limit the rights of the individual, and the community must interfere in behalf of the communal welfare to restrict an unlimited liberty, which can be the undisputed possession only of a Robinson Crusoe, since what is liberty in a recluse soon becomes license in the smallest hamlet. Very early in our present civilization, to prevent the debasement of a precious metal governments established a standard of fineness which was maintained by law. Thus in England what is called a hall-mark affixed to a piece of silverware establishes beyond question the ratio of alloy and the quantity of precious metal. In this country the same

protection is given by the word "sterling," which is in like manner a guarantee of quality and a measure of value. The improper use of either emblem is punishable by fine and imprisonment. Such laws protect the public from imposition and the honest silversmith from the competition of dishonesty. If it were not for this protection, the temptations to fraud are so great that manufacturers would soon vie with one another as to how little silver they could put in an article and have it still pass muster as silver. This was one of the earliest forms of government supervision, and was, in fact, a sort of registration of the finished product. Registration and the issuing of licenses to practise any particular trade or profession are, in fact, hall-marks of the value of the education which the individual has received and his or her fitness to do business for the public. As the complexity of our communal life increased, it soon became evident to the lawmakers that such governmental supervision would have to be extended to many different avocations, because their pursuit by incompetent persons would eventually become a menace not to one or two individuals, but to the public at large. For instance, it is manifestly improper to allow an engineer or pilot to take part in the management of a vessel designed to carry passengers unless competency has been clearly proved, since the incompetency of either involves the possibility of great loss of life. Thus the State assumes the right to restrict the occupation of engineer and pilot to such persons as are able to pass a suitable examination and can show that they possess the necessary qualifications. The same principle has been extended to many other trades where a failure of due knowledge involves risks to the public health or welfare. In the profession of law it has long been the rule that an attorney must pass an examination ordered and conducted by the court before he is allowed to practise, and this, no matter how long has been his experience in a law-office. Up to a date quite recent there were no legal restrictions placed upon the practice of medicine, and it was only necessary for a man to call himself doctor to enable him to practise on the credulity and ignorance of the public. The country was flooded with quacks of all sorts. The Indian herb doctor with long hair and broad-brimmed hat and a mixed stock of various "yarbs" and impudence flourished exceedingly and wandered about the country greatly to his own profit and the delusion of countless dupes. Every county fair was the stamping-ground for unnumbered fakirs with all sorts of remedies for all sorts of diseases. The patient always made his own diagnosis, and the quack made his remedy fit the disease. It soon became evident, however, that it was a manifest absurdity to enforce an examination on trades like those of engineer and pilot and yet permit hordes of quacks to perambulate about the country and prey upon the distresses

and ignorance of the community. To be sure, there was this difference, that the carelessness and incompetence of engineer or pilot might by a single act destroy hundreds of lives, whereas the doctor, in spite of all the quips and jeers which have been levelled at him since the time of Molière, has never been accused of killing more than one patient at a time. Nevertheless, the principle of State supervision remains the same, although the capacity to do harm by individual errors differs widely. Besides, lawyers, although their sphere of action concerns the property and liberty of the individual only, are subject to State control, and it was therefore much more the duty of the Legislature to bring the practice of medicine under proper restrictions, inasmuch as the doctor deals not with laws but lives. Physicians of eminence and high character were not slow to appreciate the advantages which would accrue to the profession from a statute which would protect the public from unscrupulous adventurers and the educated physician from equally unscrupulous competition.

Of what value was the title of doctor if we were to share it with chiropodists, travelling fakirs, and Indian medicine men? Thus it was a source of congratulation to all schools when the present medical act became a law. What have been the advantages, then, of medical registration? It is the hall-mark of fitness. A man cannot now, either in New York State or in any State, practise medicine unless he has first passed a rigid examination, registered, and received his license from the County Clerk. The law has increased the value of the capital of every physician in the State. What is his capital? It is his education, which has cost him at least six years of study, counting the work preparatory to the study of medicine which the State demands. It is his years of experience and study after graduation. These cannot now be discounted by the first glib-tongued and impudent rascal who is willing to make a fortune at the tail of a cart by retailing lies and colored water to the credulous. I have spoken of the preparatory work required. The State has placed no unreasonable restrictions against the entrance of anyone upon the study of medicine, but it does insist that the intending student shall have more than a common-school education before entering on one of the most difficult of studies, the study of disease. When I commenced my studies, fresh from a great university, I was on exactly the same status, so far as the State was concerned, as a man who had stepped off the platform of a horse-car or left a boiler-shop to study medicine. Indeed, I knew men in another school at that time who had abandoned these very occupations for the profession of medicine. They could both read easy English and one could make out their handwriting, yet they were allowed to enter a medical school on the same terms as a university

graduate, the only difference being that it took six months longer for them to get their degree. The present medical act, therefore, not only prevents the fraudulent use of the title of doctor, but prevents persons whose lack of education unfits them for habits of study from even entering a medical school. That this has resulted in elevating the general standard of the profession no one will doubt. It has also relieved the doctor of the illegal competition of persons who have put neither time nor money into an education for the purpose of properly qualifying themselves.

The advantages of medical registration to the public are self-evident. There is probably not a layman living who does not consider himself perfectly competent to choose a physician. On what, as a rule, does he base his choice? A physician who has a popular manner, who has taking ways with the feminine part of the community, who knows how to tell a good story, who has good manners and a fine appearance, can build up a paying practice with a minimum of knowledge. People have not yet learned that these things do not necessarily mean skill and an intimate knowledge of disease; nevertheless, most persons choose their physicians because of some of the qualities mentioned. How can it be otherwise? To properly discriminate between real worth and pretence requires special education, and this the public have not got. It is therefore fortunate that the State has taken upon itself to see that all persons admitted to practise have the necessary qualifications. Since the passage of the act a man must have something more than a charming manner and taking ways to practise medicine. He must have real, genuine knowledge. Without the present system of registration it would not have been possible for the Court of Appeals to have rendered the recent decision in the Westchester cases in which they held that a minor child is entitled to proper medical attendance when sick. Before this act was passed, who could say what was proper medical attendance? Now the State says that proper medical attendance is such as is secured when a physician is called who has received a license from the State to practise medicine, no matter to which of the three schools he belongs. This decision will do more to break up a dangerous delusion than the denunciations of the press or pulpit and the remonstrances of physicians.

Twenty years ago there were few training-schools in this country. In the hospitals most of the nursing was done by orderlies or very ignorant women, who received a monthly wage equal to that of a domestic servant. Indeed, the nurses that came under my observation when I was an interne in a large hospital in 1875 and 1876 were far inferior to the average domestic. Not a few of them had been patients who when convalescent had been elevated to the position of nurses. Some of them

were faithful souls and did their best, but most of them had a fondness for Sairey Gamp's teapot and smelt of Sairey Gamp's tea. With such attendants modern surgery was an impossibility, certainly the kind of surgery we see practised in our large hospitals to-day. I need not here trace the history of the training-schools of this land. The art of nursing has undergone a process of evolution, and the trained nurse of to-day is a very different personage from the graduate of fifteen or eighteen years' standing. The time of training has been increased from two years to three, so that the girl who enters a training-school graduates but one year sooner than her sister of the medical college. In point of fact, she devotes more actual time to her education, for each year of her training is a year of at least eleven months, instead of the eight months required by the medical school, so that at the end of her term of service she has been at least thirty-four months in the hospital as against the thirty-two months spent in college by the graduate in medicine.

These thirty-four months of training are arduous in the extreme and are the severest possible test of endurance, fidelity to the minutest detail, and of courage. I believe that few young women appreciate the task that confronts them when they make application for admission to the superintendent of nurses. Not long ago I received a letter from a young lady whom I had met in the hospital when she was visiting one of my patients there. She was attracted by the trim uniform and becoming cap and gown, and a few months afterwards wrote to me from a distant city stating that she had decided to become a trained nurse and asked me to get her admitted into the training-school. I promptly mailed her an application blank, but at the same time wrote her a frank letter and told her just what she might expect, and added that from the time she entered the hospital until her three years were passed she would find that she belonged to the hospital except on vacations. Evidently the prospect did not please her, and she has never handed in her application. She did not realize what every nurse in this room knows full well, that there is no more arduous work in the world of which a woman is capable than that which the hospital must exact, that it is a life not of romance, but of sternest self-denial and restraint. I have before me an advertisement cut from a journal for women which reads as follows:

"BECOME A NURSE

"No occupation open to women can compare with that of the trained nurse. It is elevating, enjoyable work—graduates earning \$15 to \$30 a week. We teach this profession by mail.

"For attractive booklet giving full details with valuable suggestions, address, etc."

There is an attractive picture, besides, of a nurse in uniform bandaging the arm of a good-looking young man, who is regarding the lady with affectionate interest. It is a very touching picture in more senses than one. What a contrast between the career of deception and fraud to which this advertisement invites a woman and a genuine course of training in a hospital. It does not seem as if impudence and unblushing greed could go so far! What protection has the real trained nurse against the so-called graduate of a school of correspondence like this? The fraudulent nurse will certainly never lack assurance. She can don the white uniform which graduate nurses so frequently wear, and to the inexperienced eye she is just as much a trained nurse as any of you. For this reason I have always believed that the abandonment of the training-school uniform by graduate nurses for one that is not distinctive was a mistake. People in the rural districts and small towns wherein there is no hospital never inquire as to the school of graduation of the nurse they employ nor do the doctors always inquire minutely into the antecedents of the nurse they want in a hurry. What protection is there for the young woman who has given up three of the best years of her life to fit herself for her profession against the unprincipled and dishonest person who is willing to lend herself to so monstrous a fraud? There is but one remedy, and that is registration. The law which your association succeeded in passing last winter is a complete protection against so-called nurses who hold diplomas not worth the paper upon which they are written. I believe the law should go further than it does, and compel every nurse who graduates in this State to pass an examination and register. If this were done, there would be an end to such advertisements as this. I do not believe that nurses in general appreciate the very real protection which this admirable law provides. If they did, there would not be a nurse in the State entitled to register who would neglect her duty in this respect. It is a duty which you owe to the public and to your sister nurses to take advantage of the law, which has been framed not alone for the protection of the public, but for your benefit also. Nurses engaged in private duty have been singularly negligent in this respect. I cannot believe that they fully appreciate the necessity of a full registration. Since the law is not at present obligatory, it will be almost wholly nullified if through apathy and negligence nurses throughout the State fail to register. Fifty or a hundred nurses cannot make the title of registered nurse of much significance. It must be so universally the practice that the people will expect every nurse to be a registered nurse. Then only will the title be a real protection to yourselves and the public. If there is one quality more than another which a nurse must possess to make her valuable, it

is the quality of truthfulness. We must be able to depend absolutely on her every statement. Superintendents of training-schools realize this. I once knew a nurse to be dropped from her school because she was detected in falsifying her records, nor do I think she was harshly dealt with. I have called the graduates of these correspondence schools untrustworthy. I am sure there is no woman of the smallest intelligence who would not know that it was an utter impossibility to learn the profession of nursing by mail. What dependence, then, could be placed on the statements of a woman who commenced her career by patronizing what she knew to be a fraud, and who was willing to earn her living by deceiving those who employed her? There is only one way in which such enterprises as this can be effectually suppressed, and that is by a universal registration. Training-school superintendents should urge it. Last week all the voters of this great city were receiving admonitions to register. The word has even more significance to the nurse who has fitted herself for her avocation by years of hard work. So I say to you all, register.

It should be the earnest desire of every nurse in the State of New York to protect her comrades and the public against women who are little better than adventuresses. You have been aided by the Legislature in this work. See to it that you do not neglect your duty.

All physicians, but particularly the hospital men, recognize the indispensability of the trained nurse. I never stand in the operating-room without a sense of gratitude and admiration for the splendidly trained women who stand around me and contribute in so large a measure to the success of my work. I honor their patience, their endurance, their absolute fidelity to duty. The preëminent position which American surgery occupies in the world to-day is very largely due to the superior intelligence and education of the faithful women who assist us in operating-room and wards. It is one of the great pleasures of my life to bear testimony in this public manner to their worth and of our appreciation of their services.



THE QUALITY OF THOROUGHNESS IN NURSES' WORK *

BY ISABEL HAMPTON ROBB

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A LITTLE over thirteen years ago it was my privilege to greet for the first time a Baltimore audience and to become for a few years a resident of Baltimore City. And, like all others who have once lived within her borders or who have been in any way a part of the Johns Hopkins Hospital or University, I have always been eager to seize any opportunity that might afford itself of revisiting the place that has been endeared to me by work and association. So when Dr. Hurd did me the honor to ask me to address the graduates of to-day, the pleasant anticipation of finding myself once more surrounded by Johns Hopkins nurses, past, present, and future, and of being again in touch with Baltimore, was not to be withstood. I am only too well aware of the fact that the retrospect and forecast I may hold before you to-day may not contain the full measure of inspiration and wise counsel that you may have hoped for, nor delight you with the happy phrasing that might have been offered you by many others who would gladly have accepted the honor of addressing you in my place; nevertheless, I feel assured that no one could be found who is more profoundly interested than myself in your individual interests and work, or who could draw more closely to you in those mutual professional ties and common interests into which you are about to enter.

At that first gathering the Johns Hopkins nurse was conspicuous by her absence. She was still in the future; her place was still to be made in the hospital and household; her history page was still fair and unwritten. But two years later the first class of graduates stood, where you now stand, prepared to leave their hospital and to go forth to form a new factor in the life of this city, to become part of it for better or worse; and each year since a fresh class has been added to the first, until to-day our alumnae form a goodly host. How they have sped we of the household, who have watched their individual lives anxiously, know full well. The Johns Hopkins nurse has not only become a familiar presence in many homes both of the needy and of the well-to-do of this city, but to various positions in other cities and countries she has also carried the

* An address to the graduating class at the Johns Hopkins Hospital Training-School for Nurses, May 28, 1903. From the *Johns Hopkins Bulletin*.

well-known name of her hospital and school, doing both, we trust, honor and credit.

For the graduate of to-day that first class must need have a special interest, for early in its formation there came into its ranks one who was destined to become, a few years later, the chief executive of your school. From probationer to junior, from grade to grade, she worked her way up until there was no form of nursing within her reach she had not done, no nursing position the hospital had to offer she had not held. Thus year by year she went on with indomitable perseverance, unconsciously training mind and hands, so that when the time came there was no need for the hospital authorities to look beyond their own graduates for a principal for their school for nurses, since they had readily to hand one who was in every way capable of assuming a position of responsibility and trust equalled by few and excelled by none open to members of your profession. And it should be a matter of no small pride and pleasure to all Johns Hopkins nurses that with the exception of the first few years they have held within their own hands the welfare of the nursing department of their own hospital, and at the same time have contributed superintendents for similar positions to other hospitals in a greater proportion for the length of years it has been in existence than perhaps any other school in the country.

But if I recall these facts as affording a sufficient proof of the standard that your school has maintained, if I tell you that the eyes of the hospital world are ever watching with keen interest the progress made by this school, and that the superintendent of your school is an authority on nursing affairs, it is not that you may be puffed up or satisfied with yourselves, but rather realize the burden of the responsibility laid upon you, and that when you have done your best you may say with all humility, "We are unprofitable servants; we have done that which it was our duty to do," and strive to make the future stand for better work than the past.

There is, perhaps, no other outside of Miss Nutting's immediate co-workers who can be so well aware as myself of the steady progress made by this school; while carrying on its every-day work, she has lost no opportunity for its advancement and betterment, and, leaving unmentioned for the moment the many minor but important changes and improvements she has made, it is a great satisfaction to feel that she should have been among the first to inaugurate successfully the three-years' course of study, with an eight-hours' daily system of practical work, which marks one of the greatest advances in training-school methods. Her last great achievement has been the establishment of a preliminary course of instruction for probationers, the great need for which has given

me a subject ready to hand—a subject that one could readily discourse upon under many and various titles, but to-day permit me to speak of it in its relation to “The Quality of Thoroughness in Nurses’ Work.”

That there is a deep and widespread dissatisfaction felt at the lack of thoroughness in much of the work to-day, and that this deficiency is confined to no particular class of workers and to no particular degree of service, we are all aware. Nevertheless, although few of us escape the discomfort and annoyance attending upon it in some shape or form at one time or another, we find ourselves still able to endure it with a certain amount of patience and equanimity so long as it partakes of the impersonal; but once let it become personal in character, once let it enter the privacy of the home, and we are keenly sensitive and alive to defects in work of any kind and give expression to our feelings and opinions in no uncertain tones. But what worker is brought into more personal and intimate relationship with those with whom she has to deal than the trained nurse? All of us have heard a portion of the public sentimentalize and idealize the nurse with such fulsome flattery that we have sometimes prayed that we might be saved from our findings. On the other hand, we hear daily criticisms upon her many shortcomings, and so often are these latter sounded in the ears of the medical practitioner, whose coworker she is, that he is impelled to look for some favorable opportunity to appease his patients by laying all sorts of injunctions upon the nurse’s manners and morals, and finds it when making the annual address to the graduating class. And despite the fact that these recommendations have been made, almost without exception, in the kindest spirit, how often have we, who have had much to do with the making of nurses, been deeply embarrassed that such advice should be deemed necessary, inasmuch as we have felt that if such faults lay wholly and entirely within the guild of nurses, we must in common honesty refrain from adding one more member to the list. Graduates of the Johns Hopkins have been favored beyond their kind in having in years gone by listened in most part to addresses that were an inspiration to better deeds and higher ideals in beginning their professional career. Although you too have been besought upon one or two notable occasions to enter upon your duties in the full consciousness of guilt of such sins and frailties, if you possessed them, and had not battled against them and overcome them long before reaching graduation day, the address of warning would have availed you but little. Do not let me be misunderstood. I am not saying that nurses are perfect. What I wish to point out is that it is more than possible that the glaring imperfections of the trained nurse—and she has many—are not in the main attributable to any lack of training in her profession, but are shared by her with her

fellows in other walks of life and are the result of imperfect education—and here I use the word education in the broadest sense of the term. In other words, inefficiency, superficiality, and lack of thoroughness belong not to the graduate nurse alone, but are the common property of the modern woman and belong to the average American household.

In the statement that there is a sad lack of thoroughness in the average woman of to-day I need only refer to training-school statistics to bear me out. From one school in twelve months twelve hundred letters of information are sent out and some one hundred and seventy-five formal applications are received. Furthermore, from this number only fifty candidates are selected, and, nevertheless, from this restricted number of women chosen at least eight or ten are dropped generally for inefficiency and lack of education. If then only forty women out of a total of one hundred and seventy-five applicants are considered worthy of admission to the school, what is the probable standard of education among the other one hundred and thirty-five, not to mention the many women who do not make formal application because refusal is certain? Surely the superintendents of training-schools are justified in feeling that the unthinking part of the public would have them "make bricks without straw."

But the fact that the qualifications of these selected few are not, and never have been, considered by superintendents of training-schools of the first order for the making of nurses is being proved rather by deeds than by words, and this dissatisfaction has found its expression in the establishment of a preliminary course of training, which is being tried in varying degrees in schools of this country and Great Britain, and which has been put on a more thorough and comprehensive basis in the Johns Hopkins than elsewhere. This extra course has been made compulsory before a woman can begin her technical training in nursing, in the hope of overcoming to some extent a very general ignorance and helplessness in a branch of knowledge that for century upon century has been supposed to be woman's chief stronghold—that of household economics. As Miss Nutting has said, "In pursuance of the belief that it is essential for the nurse to have a wide and thorough acquaintance with the subjects of foods and dietetics and a full knowledge of the work of the household, with careful training in its various branches, a comparatively large portion of time is devoted to this subject;" and in addition to this special course in household economics some training-schools are even advocating and arranging for a course in general literature and in practice in reading aloud, all subjects outside of the direct work of teaching nursing. No doubt many of you might think that the above statement cannot apply to all classes of women, but as a matter of fact actual

experience has amply proved that the woman of wealth, the well-to-do woman, and the college student are equally deficient in manual dexterity, so essential to good nursing, and are as ignorant of the underlying principles of household affairs as is the woman who has never had an opportunity to develop her mental powers and has labored all her days with her hands. It can be scarcely appreciated how deficient women are in the practical knowledge of the affairs of the house until one is brought face to face with such ignorance in some such place as a training-school for nurses, where it becomes one of the fundamental requirements. As an example, I have had instructors tell me that not one woman in ten upon first entering the diet-school knows how to make a cup of tea properly, few could break an egg deftly enough to separate the yolk from the white, while the qualities of accuracy, precision, and a fine finish are invariably absent. The woman who would be a success as a nurse, or, in fact, in anything, who would possess the quality of thoroughness in its fullest sense, no matter what kind of work she undertakes, needs the combined qualities of a trained mind, capable hands and body—and all must be dominated by the soul. Certainly no form of education can make for thoroughness or can fully fit for the business of life that does not recognize an equal training in this great trinity—mind, body, and soul.

But when and where should a woman receive such a preparation? Surely not during a six-months' preliminary course in a training-school for nurses, but rather during the sixteen years preceding the time she is of an age to take up the work she intends to make the chief occupation of her life. To quote the words of another, "The hospital is the place par excellence to teach the art of nursing and to practise the science, but it is not the best place, or even a good place, to teach the accessories. Moreover, in assuming the burden of this higher education we are unwisely making ourselves responsible for all the defects and deficiencies in the training of nurses and bearing the criticism against the profession, aimed for the most part not against her nursing education, but the accessories." If, then, this education is to begin with our childhood, where and how should it be given? Naturally, in the school and at home. But, as Miss Nutting has said, "Were it possible to place the requirements of admission at such a point as would insure in our pupils a definite knowledge of certain prescribed subjects before entrance to the schools of nursing, it is manifest that our work of education might be greatly facilitated." That such a course under present conditions is not practicable is only too evident. Any scheme for such preparatory instruction should include, first, a thorough practical training in the care of the household and a knowledge of the properties of foods. Now at

present there exists no school of instruction where a candidate could go to prepare herself fitly in these subjects for entrance to the hospital school for nursing. To be sure, the Drexel Institute in Philadelphia, the Pratt Institute in Brooklyn, the School of Housekeeping in Boston, and some others cover the ground of the domestic sciences admirably, and upon them we draw for our instructors in these branches. But the instruction in these institutions is largely occupied with the subject of foods and cookery, important essentials, indeed, but which do not include all that is meant when we say that a pupil should have a knowledge of housekeeping before entering the hospital wards for her training as a nurse. Unfortunately, this practical handling of the things and affairs of the home is taught in no schools and in but few homes at the present day, and, as Spencer has said, "That which our school course leaves almost entirely out, we thus find to be that which most nearly concerns the business of life."

The subject of the home in relation to the question of a three-fold education has of late years been well studied by well-qualified investigators, who have pointed out clearly and emphatically the shortcomings of the present day in this connection, and have sought for and recommended various remedies through the application of which we may hope to arrive at a better state of affairs; but up to the present time the ground has hardly been broken and no great general advance has been made. Specialized efforts, such as these preliminary courses for student nurses, have already accomplished something directly and indirectly and are doing an immense amount of good, inasmuch as they have emphasized the necessity for similar education in all forms of work.

Thoroughness in any form of education must have its roots deep laid in the home, and we women have much to do with it there, and are answerable in a great measure for the present inefficiency, ignorance, indifference, and waste. For the souls of the little children are ours to begin with, "Marvellous delicate and tender things," says Olive Schreiner, "and keep forever the shadow that first falls upon them—that is, the mother's, or, at best, a woman's." The world requires not more children, but a better quality, not the waste products of human life that so many are to-day. But at the present there seems to be but little hope for that ideal education for the child in whom lies the world's welfare, for the home is one of the few institutions left that still keep the drawbridge up and refuse to let progress and improvement enter within their gates. The individual still regards his home as his castle in its most conservative sense, and still clings to old traditions, old systems, and time-honored cook-books, and refuses to come into line and be guided by association and combination, by economic laws and principles, and by the specializa-

tion of labor in its true sense which makes for thoroughness as no other way can.

But women cannot be held entirely responsible for the increasing difficult conditions in the household and for the wholesale lack of thoroughness within and without. Progress in many forms has taken out of it a great variety of work that was once done in the household by women, and the time formerly spent in these various duties has not been fully accounted for in other forms of activities. How long will it still be assumed about housekeepers, as it formerly was about nurses, that they are born and not made, and that the only essential required is to be a woman; that a taste and knowledge for all things domestic is hers by divine right; that she intuitively knows all about the care and bringing up of children, the laws of health, hygiene, sanitation, foods and their preparation, suitable clothing and furnishings? And yet such a groundless assumption leaves her at the mercy of two very unstable teachers, Instinct and Experience, the former sometimes lacking, and the latter at all times to be acquired at a great cost. So at the present moment we have the spectacle of each household trying to be a training-school unto itself in domestic affairs, wasting the time of both mistress and maid in vainly trying to teach and to do things without any adequate knowledge of underlying principles, busy making patients for the doctor and nurse by jeopardizing the health of families by their woful ignorance, and, later, themselves falling by the wayside a prey to worry and worn-out nerves.

Nor are these the least of the woes that befall the modern household through its want of proper organization, its old-time methods, and its modern dangers. The rapid accumulation of great wealth, and its consequent tendency to luxurious forms of living and ease, have brought us very near to that point in the order of social change when a large class of women are in danger of becoming useless supernumeraries without an excuse for existing and a menace to the nation. The average man of the day devotes his energies early and late to the making of money, economizing labor at all points to compass his purpose, only to end in pouring his wealth into the hands of a wife or children who expend it in such profusion and lavishness of ignorance as has made Americans stand for greater extravagance than perhaps any other civilized people.

Even a superficial consideration of the question, then, will readily show that the inefficiency of the trained nurse can justly be placed only where it belongs—in the lack of proper early education; and while the preliminary course of instruction for other reasons is excellent and will probably always exist, it is to be hoped that it will not always be necessary to devote so large a portion of the time to household economics. Any adequate remedy for the present state of affairs can only come through

a true education of our women. They must be trained, disciplined to bear their due share of the work needful for the helping of the nation; they must be taught that the true value of money lies not in the luxury it may heap about them, but in the opportunities it affords, and that the true joy of living can only be found in congenial work. It would be well if all appreciated the fact that the existing or faulty order must inevitably continue until our women of wealth, refinement, and intellectual attainments combine their talents, leisure, and intelligence to bring the home into its proper place in the economic and scientific world by the readjustment of household work and by creating the desire and the demand that our sons and daughters, children of all ranks and grades, should be given a proper education; that from the beginning there shall go hand-in-hand the teaching of their numberless faculties that shall make for a practical and proper appreciation of the principles of art, education, and labor, and the joy to be found in each. For then, and then only, can they understand what life means and know how to live. Moreover, the preparation must be such an one as shall be a fitting preliminary training for their future occupation in life, whether it be that of the trained nurse, the physician, the housekeeper, statesman, artist, or artisan, each one, whether man or woman, being prepared to fill their chosen niche, happy in having found it, and not, as now too often happens, being forced into occupations for which they often have neither the heart, head, nor hand.

Upon both men and women are we dependent for the first steps that shall establish and thoroughly equip professional schools for the investigation of all subjects pertaining to the household, and that shall offer suitable inducements only to such persons as have the proper attainments for carrying on such studies, after which we may look for the establishment of technical schools for children embracing all branches of work that in any manner touch the home. These schools should cover the country like a net-work, as do the public schools, and should coöperate with them; they too should have the authority of the law behind them, for which the rank and the file of the people have due respect. In such schools should the trained nurse find her proper place. With her more intimate knowledge of disease and its causes and the dangers that menace health, she is well fitted to be the teacher of home sanitation, hygiene, the personal laws of health, the true meaning of cleanliness, and the prevention of disease. Despite the fact that bacteriologists are every day throwing more light upon the causes of disease, and each city is equipped with its health officer, hospitals are still being multiplied in the land, the supply of trained nurses is not equal to the demand, and our wards are just as full of typhoid-fever patients as of

yore. These facts must sometimes make us pause to question if we are not spending our labor and strength for that which profiteth not. But thus it must be until the public at large and as individuals have acquired a practical, intelligent appreciation of the above subjects and of the duties of individuals and communities in the prevention of disease.

We need two orders of trained nurses, the new order of the coöperating health nurse with the old order for the sick, who must ever be with us. The appointment of a staff of trained nurses to the schools of New York by the Health Commission for the purpose of continuing the work in the public schools is the beginning of this new order, and is a hopeful sign of the times.

Graduates of to-day, we who are already of the guild greet you heartily and give you cordial welcome to your place among us. In your future work we see much of hope and promise. When you have grown a little older, and have had a more varied experience, you will realize that the mere care of the patient is the least part of your work compared with what you can and ought to do towards making the conditions that cause pain and sickness and all manner of suffering less possible.

In a recent issue of *THE AMERICAN JOURNAL OF NURSING* Miss Dock says: "After one has worked for a time in healing wounds which should never have been inflicted, tending illness which should never have developed, sending patients to hospitals who need not have gone if their homes were habitable, bringing charitable aid to persons who would not have needed charity if health had not been ruined by unwholesome conditions, one loses heart and longs for preventive work, constructive work—something that will make it less easy for so many illnesses and accidents to occur, that will help to bring better homes and workshops, better conditions of life and labor." And this expressed longing finds its echo in the heart of each of us, who have learned by experience that the faithful nursing of the patient, the splendid work done in so many forms of philanthropy, and the efforts of religion do not reach the root of the matter. In your professional life you have learned that we may dress and nurse a wound ever so carefully, but that all our work represents time and energy expended in vain, that a breakdown of the wound is inevitable, did not the surgeon first clean and scrape away all the diseased tissues, reaching deep down into the fresh, healthy part, until no germ of disease was left to impair the growth of new, healthy flesh. And so it is with our work in caring for humanity in other ways—we are but staying a worse condition; perhaps, but not removing the cause, if we rest satisfied with mere treatment and do not direct our best energies towards prevention.

You are, therefore, to be congratulated in your choice of work.

You are entering a field of labor that is ever widening, and where each can make for herself a definite place in rendering such ideals of education as I have but haltingly tried to show you to-day practical facts. More especially are you to be congratulated in your choice of a school where the standard of excellence desired for its graduates is so clearly set forth, and where there is placed within the reach of pupils the possibility of that quality of thoroughness that is the great need and demand of the day.

THE OLD NURSE

By KATHERINE DE WITT

Graduate Illinois Training-School, Chicago, Ill.

So many innuendoes have of late been cast upon the old nurse that I feel an impulse to rise in her defence. Must she really think of herself as useless lumber? Does the law concerning the use of experience hold good in other walks of life and fail in ours? The woman who takes up teaching as her work often finds it difficult to get started. She must, as a rule, content herself with a humble position and a humble salary until she has proved her worth. Once started, her career is sure, if she be worthy. She advances steadily, gaining in knowledge at each step, and her age is crowned with honor. The woman physician, fresh from a medical school or, if she has been fortunate, from a hospital position, is glad to begin as an assistant to some one of her seniors who is well-established, and if she be worthy, she soon works into a position of her own. In both these cases, however, success depends upon ability and hard work. It is not to be denied that there are teachers who remain stationary in undesirable positions, or that there are physicians who fail to advance and who finally conclude that they have mistaken their calling and take up some other line of work.

In our own profession there seems to be no question in regard to the use of experience in hospital positions. The posts of greatest responsibility are, almost without exception, held by women who took their training years ago, who have gained wisdom with years, who are our leaders in thought and action. When one of these representative women gives up a post she has long held her absence seems a calamity, and it is long before anyone else can take up her duties as ably. The officers of an institution who are seeking to fill such a vacancy do not, as a rule, choose some member of the last graduating class, but someone who has already served well in some minor position, and who has demonstrated her ability to step up higher.

It must then be the private nurses at whom the shafts are aimed. Perhaps we have partly deserved them. If one take a list of graduates of any school and go over the earlier classes, she will find herself saying: "These have died, these have married, here are a few who are holding important hospital positions, and of the rest I know little; they have given up their work because they are tired or ill, or they have taken some position where their knowledge of nursing is useful, but where they can sleep at night. Only here and there do I come upon a name of a nurse who still clings to private nursing and who is still in demand, and whose usefulness seems to be waxing, not waning."

After thinking upon this problem for some time I have come to the conclusion that the explanation lies in the more solitary position of the private nurse. The teacher, the physician, and the hospital nurse are working shoulder to shoulder with comrades. There is a continual inspiration from continual competition; there is a steady exchange of ideas. The private nurse, on the other hand, works largely alone. When she begins her career she is well versed in the latest methods, her mind is filled with the newest ideas, she is able, enthusiastic, and interested. No wonder the doctor is glad of her assistance; she needs no explanations or minute instructions; at a word she understands what he means and fulfils his intentions. But the young nurse who considers this knowledge an inexhaustible mine on which she may draw for her resources is making the mistake which will by and by cause her to fall from the ranks or, at least, to lag in the rear. As the months go on she continues to use and add to part of her knowledge; the rest may be uncalled for and grow rusty or obsolete. She will at first be associated with many doctors, but as time goes on she is better known and is demanded by a few who keep her busy, and these may or may not be progressive and a help to her own progress. Her intercourse with other nurses is rather limited. She has not new knowledge continually forced upon her, and if she wish to rise, she must fight for herself. I think it is true with all of us that the manual part of our work calls for so much energy that we have little left for mental improvement.

Let us consider how a nurse may overcome these very obvious difficulties. First of all, she must divest herself of the notion that she has attained and may rest from her labors; she must be ever watchful of herself, critical of her own defects, merciless to any spirit of indifference which may show itself, eager to learn, zealous to seize every opportunity to add to her knowledge. I do know a few old nurses who are in constant demand, who have hardly a breathing-space in the year, and these are the ones who are always using every opportunity to learn something new, whether it directly concern their own branch of work or not. Post-

graduate work is an absolute necessity, and it should be taken up five years after graduation, if possible, and resumed at like intervals later. Many nurses are very short-sighted in regard to this, and feel that they cannot spare the time or the means. The unsuccessful nurse feels that it is impossible to spare three months of time, which represent so much opportunity for earning, and the successful nurse finds it very difficult to run away from her patients. But in no other way is it possible to renew one's grasp of present conditions. I think it is usually advisable for a nurse who goes back for post-graduate work to take up general nursing as well as her own special line. It all has a bearing on her work, and all will prove useful as she goes on.

Then there is the broad-mindedness which is to be obtained only by keeping in touch with the nursing world through membership in nursing organizations and through the reading of a nursing journal. I really do not believe it possible for a nurse to continue long in usefulness who goes on her isolated way, refusing to give or receive aid from her fellows. On the other hand, a nurse may belong to her alumnae association, subscribe to a nursing journal, take a post-graduate course, and still remain locked in the shell of her own ignorance, if she have not the receptive mind, which is on the alert for knowledge and which grasps it at every opportunity. There are a thousand doors open for those who will enter.

One of the successful "old nurses" wrote to me recently, "I am always glad of a hospital case, for though I am more hampered in my work by the hospital rules, I always learn a great deal." I know how she learns it, for I have seen her in a hospital and surrounded by younger nurses. She goes with the realization that an outsider brings some extra trouble, and she adapts herself as quickly as possible to new conditions and demands as little as may be. She has an eager interest in all that goes on about her, but she is wise enough not to get in the way or to ask questions at inconvenient times. She is ready to give as well as to receive, and she is met in the spirit of loving-kindness which she radiates, so there is a mutual benefit.

Another important point is that a nurse should be able to recognize an opportunity when it presents itself. May I narrate an incident which illustrates this? A nurse had been working along on the same general lines for several years when she was called to an obstetrical case for a new doctor with very progressive ideas. He asked for a number of things which were not on hand, and when she offered him the best substitutes she could get at the moment he accepted them without comment. All went well, but during the weeks that followed she was haunted by the conviction that she had not been equal to the demands made upon her. As soon as the case was ended she asked the doctor for an appointment at

a time when he would have leisure to talk with her, and when they were settled for a conference said: "I didn't have things as you wanted them for this patient. I wish you would tell me just what you want on hand and just how you want things prepared." "Good!" he replied, "I am very glad to tell you," and he went carefully over the whole ground of supplies, solutions, and sterilization in detail. The result was that her work was revolutionized. She was most grateful to this doctor for meeting her so cordially half-way, and she was so pleased with her new discoveries that, like the Ancient Mariner, she buttonholed every nursing friend who came her way and compelled her to listen to her tale. Some received it with a puzzled air, and said people had lived to this time without so much fuss and they were sure they would continue to do so. Others were eager for every detail, and put the new principles into practice. I think this difference of attitude illustrates well the difference in old nurses. Some move with the times, others stagnate. To the one who keeps her eyes open, small things are significant. She attends a clinic and sees the surgical nurses handing sponges with dressing-forceps in place of the surgically-clean fingers of the past. She makes inquiries and finds it is a method which is being generally adopted; therefore her next shopping excursion includes the purchase of dressing-forceps, or her old ones are devoted to this new use. One must, however, distinguish between essentials and non-essentials. There are many devices in use in hospitals which cannot be duplicated outside or are not desirable. (What we need is to grasp the principle involved and then use, as far as possible, the means at our disposal, and not involve our patients in needless expense.

So far I have laid particular stress on the fact that a nurse must keep thoroughly in touch with her profession, but every private nurse knows that, paradoxical as it may seem, she will fail to succeed unless she cultivate other sides of her nature also. She must have other interests than professional ones; she must be well read and in touch with topics of the day in order that she may be companionable. This broad interest will help to preserve her youth, for it is often the nurse whose thoughts all run in one groove who comes to grief.

The power to throw off care is another life-preserver; one must feel anxious when there is cause for anxiety, but there are dozens of nurses who sink under a load of care about what *might* happen, or who carry on their hearts a heavy load of responsibility which really belongs to the doctor.

Given a nurse who has all the desirable attributes I have enumerated, I think anyone will agree that as years add to her experience, she becomes more valuable rather than less so. This fact is recognized by the public.

The secretary of a nurses' directory is always being asked: "Can you send me a nurse who has had experience with typhoid? Have you someone who has proved successful in nervous cases?" etc., etc.

After all, it rests with ourselves whether we shall hold our own as well as women of other vocations do.

A YEAR'S WORK FOR THE CHILDREN IN NEW YORK SCHOOLS

By LINA L. ROGERS

Nurses' Settlement, New York City

It may not be known to all the readers of the JOURNAL just how school nursing originated. The first nurse who undertook this great work was Miss Honnor Morten, of London, England. It was begun in 1898 and has been carried on there ever since, but under many difficulties. The staff at present numbers five, and they are paid by public subscription.

Miss Wald, of the Nurses' Settlement, seeing the need of such work here, presented the idea to the Boards of Health and Education, and even offered one of her staff to make the experiment. This proved a success beyond expectation, the result being that the city gave an appropriation which enabled the staff to be increased so that all the schools in the lower East Side and many up town, as well as a number in Brooklyn, are daily visited by a nurse. That "an ounce of prevention is better than a pound of cure" has been well proved by the year's work. Not only has the vast number of healthy children been protected from disease, but the afflicted ones have been carefully attended to and cured.

In a paper on "Medical School Inspection" printed in the New York *Medical Journal*, February 10, 1900, the following statement occurs, "The objective point in the system is *exclusion*." Now, in the same month in 1903, the system has undergone such changes that the objective point is quite the reverse—namely, *to keep the child in school*, and at the same time have the treatment carried on systematically until a cure is effected. This is due to the presence of nurses in the schools.

Under the old regulation, when the teacher sent a child suffering from some contagious disease, such as ringworm, to the doctor, and he excluded the child from school, their duties were finished. The child possibly took his card home and no attention was paid to it, and when needed it could not be found. He, in the meantime, played with the other children on the street until he got well or until the truant officer found him.

Now, instead of being sent out of school he is taken to the nurse, who promptly washes the sore spot with a tincture of green soap and water and applies a coating of flexible collodion. After this kind of treatment for a few days the "ring" disappears entirely. The collodion having stopped the spread of contagion, he is practically as safe as the others.

Each disease has its own treatment outlined by the Department of Health, which is followed without variation unless the Medical Inspector prescribes some special treatment. Following are the diseases and their treatment, as shown by the card of instruction given to each nurse:

"DEPARTMENT OF HEALTH, NEW YORK CITY.

"INSTRUCTIONS TO NURSES.

"The following methods will hereafter be used in treating children sent to the nurse by the Medical Inspector of Schools.

"**PEDICULOSIS.**—Saturate head and hair with equal parts kerosene and sweet-oil; next day wash with solution of potassium carbonate (one teaspoonful to one quart of water) followed by soap and water. To remove 'nits,' use hot vinegar.

"**FAVUS—RINGWORM OF SCALP.**—*Mild cases:* Scrub with tincture green soap; epilate; cover with flexible collodion. *Severe cases:* Scrub with tincture green soap; epilate; paint with tincture iodine and cover with flexible collodion.

"**RINGWORM OF FACE AND BODY.**—Wash with tincture green soap and cover with flexible collodion.

"**SCABIES.**—Scrub with tincture green soap; apply sulphur ointment.

"**IMPETIGO.**—Remove crusts with tincture green soap; apply white precipitate ointment (ammon. hydrarg.).

"**MOLLUSCUM CONTAGIOSUM.**—Express contents; apply tincture iodine on cotton toothpick probe.

"**CONJUNCTIVITIS.**—Irrigate with solution of boric acid."

By means of the card system now in use it is almost impossible for the children to be neglected if everyone does his duty. The diseases are arranged in code form, each disease having its own particular number. These numbers are placed on an index card, which also has dates, when ordered under treatment, when under treatment, exclusion, readmission, and also the class and room number and school. This is signed by the Medical Inspector and left on file for the use of those requiring this information. The routine inspection is made once a week by the doctor, who goes into the class-room, stands with his back to a window, and as the children pass before him he looks at the eyes, throat, hands, and hair of each individually. On other days at an appointed time he visits the school, and those who have returned after an absence of several days, or any who have the slightest indication of any contagious disease, or who have returned after being excluded by the doctor, are sent to him. Those

who can be cared for by the nurse are sent at once to her, the others being either returned to their class-rooms or sent home, as the case demands.

Amusing things happen sometimes even in so serious a work. At the beginning of the term one nurse rang the bells as usual, by which she indicates her arrival, and when she returned to the playground where she works was amazed to find the place crowded with children. She walked over to one of the teachers and asked the reason, and was told, "This is a fire-drill." The nurse was a little perplexed as to how she would get "her children," and went to interview the principal, who did not know that the drill-call had been rung. Explanations followed, and it was found that during the summer the bells had been changed and the nurses' call used for fire, she having unwittingly rung the alarm, thinking it her own. The principal said she was much relieved to know it had gone off so smoothly, as she anticipated an anxious time when the first alarm should be rung. The children, however, thought it was intentional, and, while they came down quietly and quickly, were making the most of the short recess occasioned by it, and much entertainment was caused by getting into line, etc. The system by which pupils are sent to the nurse varies in the different schools. It is desirable to have whatever arrangement is most suitable for the teachers.

During the one hundred and twenty school days from January until June, when vacation began, the number of treatments given was one hundred and thirty-five thousand eight hundred and fifty-four, there being twenty-three thousand one hundred and ninety-one children with different diseases. To show from what children suffer most I will quote a few figures for the Borough of Manhattan alone, where there are sixteen nurses: Contagious eye diseases, sixty-five thousand nine hundred and eighty-seven; pediculosis, fifty-five thousand six hundred and thirty-one; ringworm, six thousand and fifty-seven; eczema, two thousand two hundred and eighty-five; scabies, one hundred and sixty-three; miscellaneous, five thousand seven hundred and thirty-one, which includes anything not on the code, such as cuts, wounds, etc.

Trachoma, of which more will be said in another issue, is not treated at any time by the nurses. The simple washing out of the eye has very little effect on the disease, if any, and is a source of contagion unless the strictest precautions are observed. The acute conjunctivitis and the purulent forms are thoroughly cleansed with a boracic-acid solution, and besides this treatment in school the mother is visited and a practical demonstration is given with the advice to repeat the treatment at regular times.

Eczema, scabies, and impetigo are treated according to the schedule given. Pediculi succumb readily to the kerosene and sweet-oil. The potassium carbonate aids in getting off the oils and dirt. The vinegar

when heated and applied loosens the "nits," when they can be brushed or drawn off with a piece of cloth. This means a lot of labor for the mother, but as they are anxious for the children to be clean every effort is made. That the work is needed is seen by the many requests from teachers and doctors asking for nurses in schools where they have none. While much has been done, there is still more to be done. We hope to have every school in the city supplied with a room and other essentials, as well as having a nurse. Not the least part of the education is the instruction given to the mothers in the homes in cleanliness and the smaller details of nursing.

It is hoped that other cities may find it a part of their educational system which they cannot neglect, and that in a very short time the work will be universal.

THE TEACHING OF HYGIENE TO NURSES IN THEORY AND PRACTICE *

By ISABEL McISAAC

Superintendent of the Illinois Training-School for Nurses, Chicago, Ill.

THE evolution of the instruction of nurses presents some curious phases which afford examples of "development along the lines of the least resistance." At first glimpse it would seem that the subject of hygiene should be regarded as of the greatest importance in a nurse's education and surgery of the least; but no one at all conversant with training-schools can deny that the reverse is the rule—to such an extent that some of us are asking one another if we are not making better surgeon's assistants than nurses. That this is true is because we find along surgical lines no obstacles in the way of either theory or practice, but when we confront the subject of hygiene, especially in practice, numberless lions line the path, and we are frightened into confining ourselves to superficial theory, for which we do not find a working basis. When the medical side has as violent a seizure of the development of detail as the surgical has been working out during the past ten years we will find many of our lions gone; but meanwhile there are some things we may do ourselves. Incidentally, I wonder why no one has written a text-book on *medical technique*?

First, how has hygiene been taught in our schools? Usually by half a dozen lectures and as many classes on theory, while in practice almost

* Read at the tenth annual meeting of the American Society of Superintendents of Training-Schools for Nurses, Pittsburg, Pa., October 7, 8, 9, 1903.

nothing. Indeed, among the more intelligent class of the laity we often find a far better understanding of practical hygiene than among graduated nurses. I do not find so much fault with the amount of our theoretical instruction, because it seems to me a better way not to preach what is not practised. We teach, for instance, that three thousand cubic feet of air-space every hour is necessary for each person in a sick-room, and at the same time most of our wards do not give two-thirds as much. Our operating-rooms are built in such fashion that to maintain a sufficient degree of heat ventilation is almost entirely cut off, and when the room is filled with surgeon, assistants, and nurses, how much oxygen is left for the patient? Our homes for nurses nearly all have insufficient air-space in the sleeping-rooms, and most of us must confess to many uncomfortable thoughts when teaching upon the subject.

Again, we teach the necessity for sunlight, yet many of our schools situated in large cities are so shut in that nurses go through their whole course of training in bedrooms without a ray of sunshine. What need to theorize about food values when a majority of our hospitals give scant attention to proper diet, and almost without exception the dietary of our schools is considered mainly from the standpoint of economy? You and I know only too well of night nurses on duty twelve hours whose mid-night meal perhaps consists of a slice of dried beef, bread and butter, stewed prunes, and tea, with an occasional slice of cake. The working-man's noon lunch of rye bread, cheese, and beer would be far more suitable. In this country the use of stimulants among nurses is, happily, infrequent, but I know of nothing which encourages it more than improper food.

Again, we teach at great length the various ways bacteria are carried, and at the same time we daily see nurses in hospital uniforms in street-cars on their way to and from patients. Does the question arise in our minds of how far they may be responsible for infectious complications? And then how much mischief may the nurse do who wears that abomination, the trained skirt, and comes home to hang it in the same closet with her uniforms!

How is the sweeping and dusting done in most of our institutions? By stirring up the dust vigorously with brooms, and then, to be sure that no patient escapes, giving it a second shake up with a dry cloth or feather duster.

What good to teach nurses theoretically to dust with damp cloths when a dozen maids are wielding brooms and dusters daily under their eyes?

In our cities and towns where typhoid fever prevails how much is done in most of our schools to insure pure drinking water, or how many

nurses are taught how to purify it? None of us have forgotten the story, related last year of the epidemic at Cornell, of the nurse who continued to give her patients the same water from which they got their infection. Either she was lacking in principle, or her school had woefully neglected to teach her a most important point in nursing typhoid fever.

It is not necessary to go on enumerating these well-known instances, but I do wish to say most emphatically that hygiene should be better taught and better practised. The movement to give nurses a wide training in domestic science in a preliminary course solves the problem almost entirely for the schools which are in a position to give it, but what may be done in the schools for which such a course is a remote possibility?

First, we may provide a house for pupils which is kept wholesome with good plumbing and ventilation, and then teach them what that means to them personally. Further, they need much instruction in personal hygiene: the proper care of their own bodies is often as foreign to them as nursing an infectious case. When that is done we may bring them to a realizing sense of the danger to themselves of dust, impure water, bad air, infected clothing thrown on the ward floors, coming to meals without first scrubbing their hands, and so on ad infinitum. Like all other species of the human race, nurses are most powerfully moved when a subject affects them personally, and knowing that infringement of the rules of hygiene with patients is a menace to themselves helps wonderfully to impress the need of care upon them. I think the subject of proper food for patients and nurses too is the most formidable lion we have to pass. Domestic service in our country at this time is in such a chaotic state that to provide good, wholesome food for a small family is often almost an impossibility, and when the problem is multiplied by several hundred patients and a proportionate number of nurses no wonder we are appalled and resort to feeble, inadequate makeshifts.

More than fifteen years ago Miss Hampton advocated putting hospital kitchens in charge of the nursing staff, and in the institutions which have tried it the experiment has been successful, not only in affording better food, but from the standpoint of economy. We cannot, however, claim this idea as original with nurses because the nursing sisterhoods have practised it for centuries. It was my good fortune to drift, quite by accident, into the Ospedale Civile in Venice last year, and during that very short visit I saw many things which revealed much. It is nursed, of course, by the sisters, and after one has been sufficiently enraptured by its picturesqueness the cleanliness strikes one. I came away with some comparisons in mind which were truly odious. The kitchen is a never-to-be-forgotten place. While it may have lacked some Yankee inventions of convenience, it was so clean, so bright and fresh, and the suppers

going out were so well prepared, that I recalled other hospital kitchens which need no description. When a country so bowed down by poverty as Italy can furnish its sick poor such comforts, we may well ask some uncomfortable questions about our own hospitals. The consideration of public hygiene is a subject almost entirely neglected in our schools, and nurses are graduated knowing nothing of it. As a part of their last year's work I regard it as most important. The subject of ventilation, for instance, is one they should understand thoroughly, as applied not only to sick-rooms and wards, but to the systems employed for the whole of hospitals, for schools, theatres, hotels, and all kinds of public institutions.

Next and allied to ventilation is heating and lighting both hospitals and houses, in which we should go into methods with grates, stoves, hot-air furnaces, and steam; likewise candles, oil, gas, and electricity.

Following is the water supply for cities, towns, villages, farms, and camps. Knowledge of the last might have spared many lives in the Spanish-American and Boer Wars.

Next, public drainage and disposal of garbage, not only for the city in which they live, but the principal cities of the world.

Next, the milk supply, transportation, refrigeration, contamination, and simple tests for adulteration.

Next, the food supply, especially of meat, poultry, fish, fruit, and vegetables.

Last, quarantine, beginning with rooms and going on to houses, hospitals, neighborhoods, towns, cities, States, countries, and ships.

All of these subjects have laws, national, State, and municipal, which nurses should know something of.

The Jewish laws regarding food make a most interesting and valuable topic, beginning with Leviticus. Ignorance of them places a nurse to a great disadvantage in doing private duty in an Orthodox Jewish household, and nurses doing district or settlement work can do so to much greater advantage with some knowledge of them, and especially if with that knowledge they have also been taught to respect the prejudices of the race.

The sum and substance then, it seems to me, is that we should teach more and better, and then put our principles upon a rational, intelligent working basis, never forgetting the scriptural injunction about "faith without good works."



THE WORLD'S WAR AGAINST CONSUMPTION

COMPILED BY L. L. DOCK

(Continued from page 106)

THE PENNSYLVANIA FOREST RESERVES AS SANATORIA

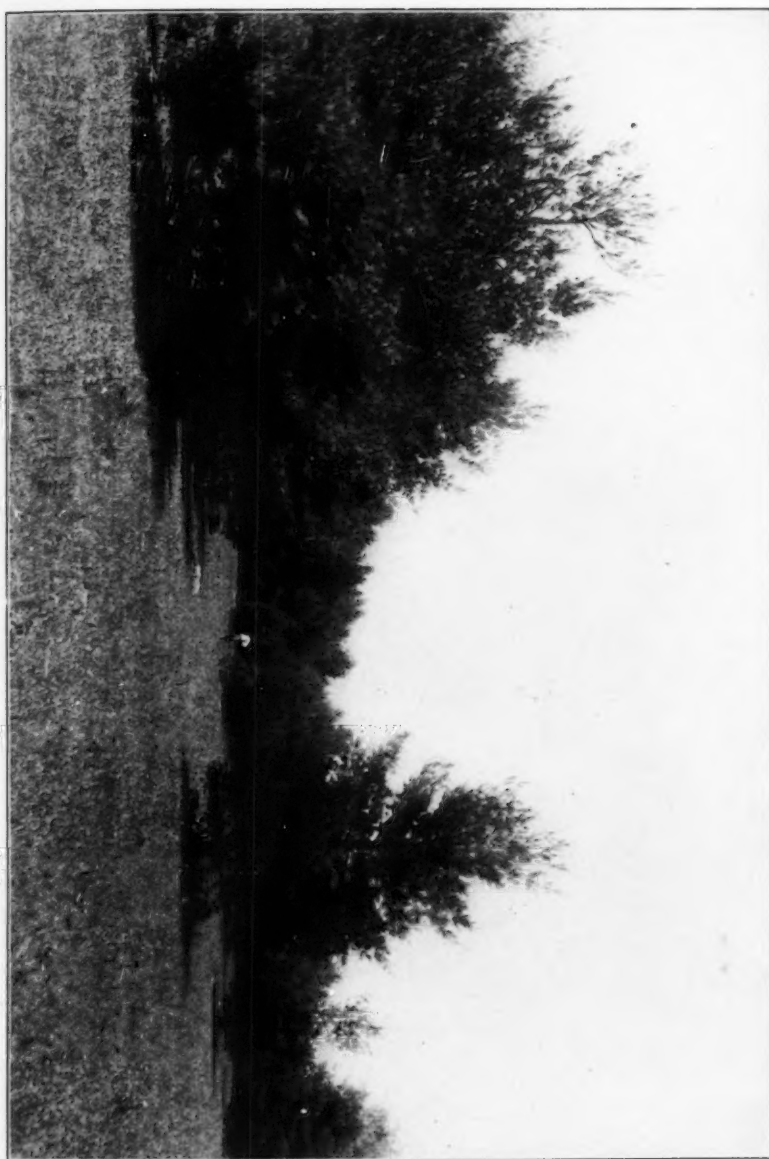
THE State of Pennsylvania leads all others in its work of preserving and reclaiming the vast forests with which Nature had endowed it. The Forestry Commission of Pennsylvania, under the presidency of Dr. J. T. Rothrock, of West Chester, has not only taken an enviable position of leadership in the immense and vital subject of forestry as such, covering the vast problems of protection of river sources, head-waters of streams, the mitigation of floods, and the modification of rural life through the systematization of a great communal industry, but Dr. Rothrock, who besides being a scientist has the degree of M.D. and is a man of boundless humanity and altruistic enthusiasm, has for a number of years planned to open the public forest lands, under certain restrictions, to invalids, especially consumptives. The "Report of the Pennsylvania Department of Forestry," published late in 1902, shows his plan and also what has so far been accomplished in this direction in the establishment of a camp for consumptives at Mont Alto Park.

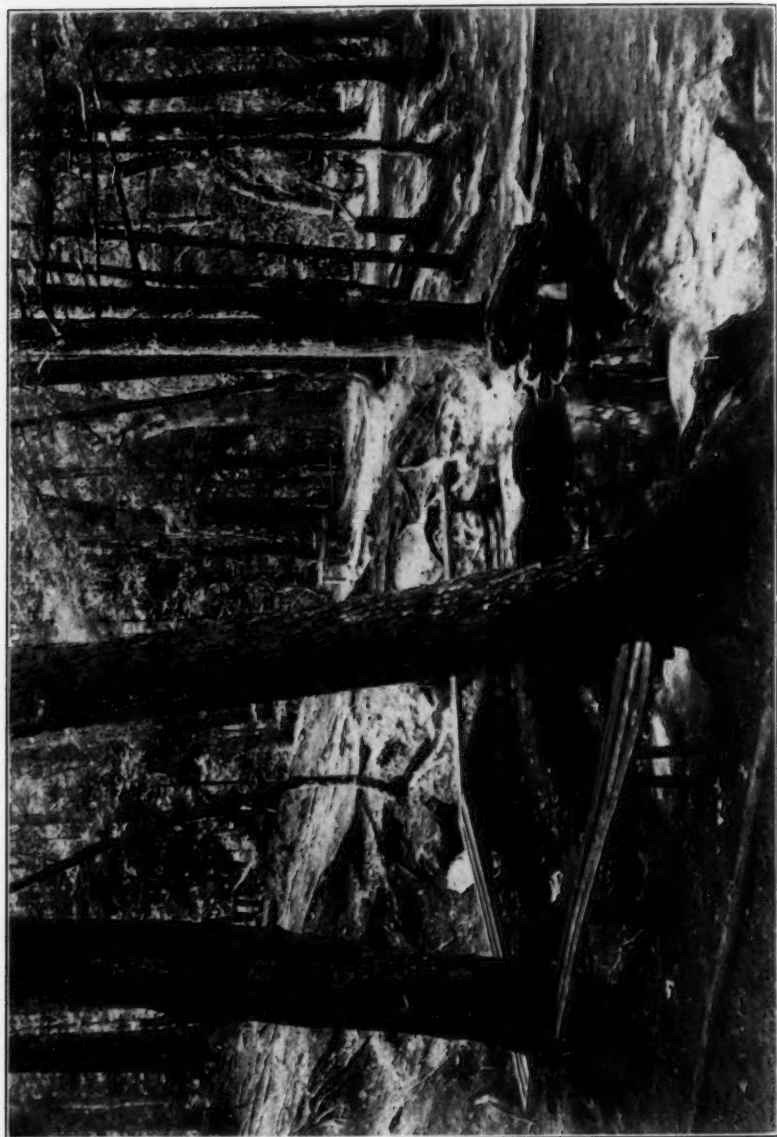
In this report Dr. Rothrock says: "I desire very briefly to discuss one aspect of the Forest Reservation work which seems to have been generally lost sight of in considering the relation of the Government to the citizens; I mean the State lands as sanatoria and outing grounds for those who are in search of health and recreation. It has long been known that there was some relation existing between outdoor life in some form and the cure of pulmonary tuberculosis. Half a century ago it was believed that if one suffering from this malady had the strength requisite to go to, and remain in, the cabins of the men who were producing charcoal for the furnaces his chances for recovery were good. By a strangely erroneous opinion it was thought that the benefit derived came from inhaling the charcoal dust. This dust, as we know, is carbonaceous in character and, in so far, is much more likely to be a cause of danger than of help. The real cause was the fresh air in which they lived, which was potent enough to overcome even the injurious effect of the coal dust. That strange terror about night air which so distorts our vision that we cannot recognize that pure air and lungs are specifically adapted to each other, and, therefore, the former cannot well injure the latter, has been responsible for the deaths of thousands of victims who were confined, from mistaken ideas of kindness, in the unwholesome atmosphere of a closed room.

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IN FRONT OF SANATORIUM





"PEARL OF THE PARK"

"We are fast gaining a better knowledge of the real facts. Consumption is a disease (largely) of indoor life. The cure for it is activity out-of-doors. Any outdoor climate in this State is probably more healthful than any indoor climate we have. At the same time it is true beyond dispute that some locations are better than others. The highlands of Pennsylvania are known to be especially favorable for cure of pulmonary tuberculosis. In other words, we have in Pennsylvania many thousands of acres, which are the property of the Commonwealth, to which our ailing citizens might go in search of health with a well-grounded hope that their search would be successful. The importance of this appears when the statement is made that there are thousands of our indigent sick citizens who annually give up hope of prolonging life because they have not the means to visit some of the distant health resorts which have established reputations.

"I should fail in my duty if I neglected here to assert in the most positive terms that I know of no way in which the Legislature of the State of Pennsylvania could do a greater good for a small sum than by providing shelter on selected portions of our Forest Reservations to which our needy sick could go. Modern science is fully equal to the task of protecting the community against harm from such institutions.

"Somewhere, somehow, these people must be cared for. They are a greater source of danger to the community when free to work out their own devices than when placed under proper sanitary control. They are human beings, and our religion forbids that we turn them adrift to die without thought or care. I know that there are regions, healthful regions, in Pennsylvania, where moneyed interests have combined to bar out those who suffer from this disease, where no compromise is considered and no division of God's gift of fresh air allowed. We leave these parties to their own reflections. There are forms of inhumanity which it is difficult to characterize!

"I cannot allow myself to close this report without calling attention to the noble work which the Consumptive Hospital at White Haven is doing. It merits a most cordial and liberal support.

"There is another class to whom these reservations offer a rare chance. I mean those who are a little ailing and who seek a place where they may freely roam while in search of health. Two places have thus far been tested and given good results. First, that region near Resica, close to the boundary line between Pike and Monroe Counties. Second, the summit of South Mountain, back of Mont Alto, in Franklin County. No doubt there are other places equally good in Pennsylvania."

Dr. Rothrock's plans have already taken shape in a small camp which is thus described in the same "Report" by Miss Mira Lloyd Dock, member of the State Forestry Reservation Commission:

"THE INVALIDS' CAMP AT MONT ALTO.

"On September 27, 1902, I visited the camp for invalids on the Mont Alto Reservation.

"We drove from Graeffenburg, which lies at an elevation of one thousand feet above tide, and ascended almost one thousand feet more before emerging from the woods, upon the wide and beautiful summit plateau where the camp is located. The plateau itself, with a distant encircling rim of wooded ridges, reminded us of several places in the Black Forest much resorted to for the fine air by invalids, who are locally known as 'air snappers.'

"The site of the camp at the edge of dense pine woods, facing south across slightly rolling pasture, is so healthful and so serenely beautiful that we wondered the land had not been utilized as a sanitarium long before now.

"The day was cloudy, and, following more than a week of heavy rain, we expected to find the camp wet and the campers perhaps depressed. In spite of excessive rain the gravelly soil and close-cut grass were dry and afforded pleasant walking. This feature is very important, for the network of old wood-roads which extend throughout the South Mountain lands offers an unusual variety of delightful walks, and from many years' experience I know that after really violent storms the gravelly soil of these mountain benches and plateaus is firm and dry almost immediately.

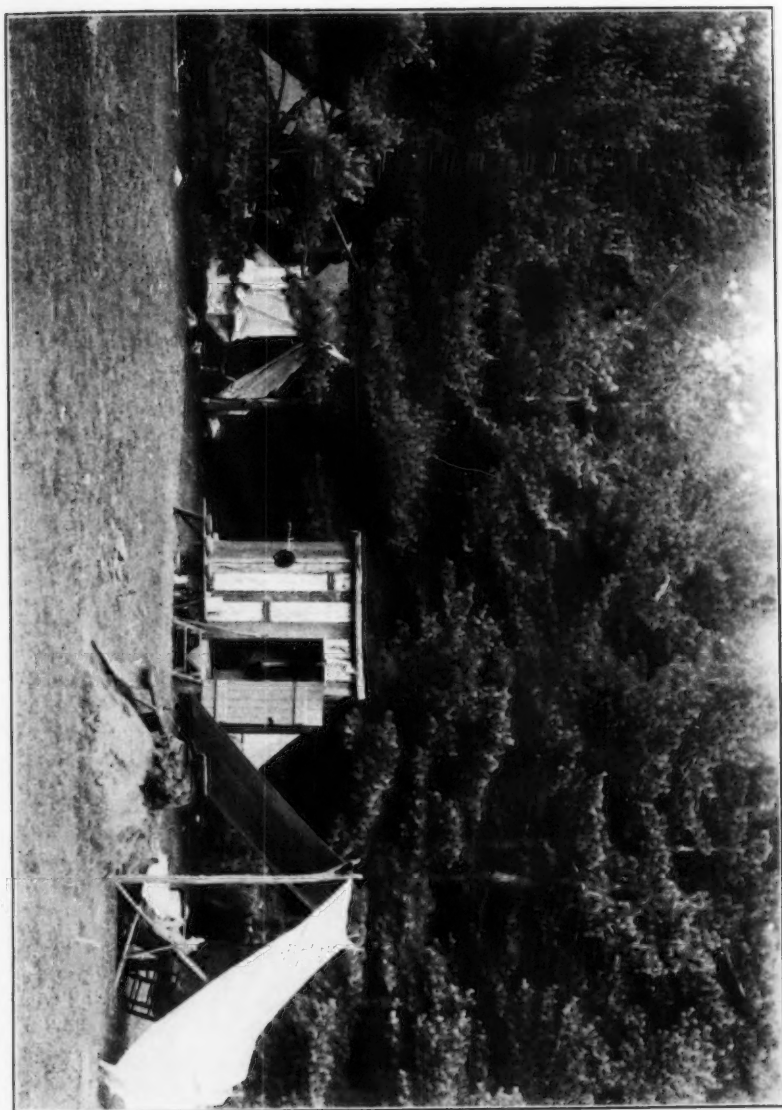
"We found the campers very cheerful, even happy, most grateful for the opportunity of living in such a health-giving spot, and their only regret being that they could not remain indefinitely. Of the two families then in camp each had its own sleeping-tent, while a third tent served them in common as kitchen and dining-room. These tents were in beautiful order, and the camp housekeeping reflected great credit upon the two ladies, who expressed themselves as more than contented with the facilities for procuring meat, groceries, milk, etc., that were afforded by the mountain farms in the vicinity and by the mail wagon from Mont Alto.

"It being Sunday, the men in camp were resting, but we saw the results of their weekday work in the pines, where they had cleared out considerable dead wood.

"Altogether the camp presented a most inspiring picture of a noble tract of land being put to a noble use.

"If possible to do so, the camp housekeeping would be benefited by piping water from one of the springs not far distant from it. At present all water is carried from some little distance."

For the practical details Dr. Rothrock's plan includes sufficient



INVALIDS' CAMP



supervision to secure proper sanitary conditions in this and similar camps which might be established. From among his notes on the proper organization of such camps we quote the following:

"All garbage to be taken to a closed yard and mixed with an equal quantity of quicklime, turned into compost, and used as a fertilizer.

"Neither napkins nor handkerchiefs will be allowed; Japanese napkins will be furnished as substitutes. These will be placed, when soiled, in a closed vessel attached to each cabin, carried every morning to a crematory, and burned. The vessels themselves will be boiled at least an hour in a strong solution of alkali. The water from the cauldron to be run through the earth to be taken up by the roots of plants. No expectoration whatever allowed on the ground or anywhere except on a napkin.

"Excreta collected in dry earth closets, mixed every twenty-four hours with quicklime and compost.

"Clothing will be subjected to superheated steam before being washed."

It would seem as if no nobler use could be made of the State forests than is outlined in the above reports, and it must be hoped that other States will follow this example of Pennsylvania.

Since the writing of this article the camps have been enlarged, a semicircle of tents now being found instead of two.

REGISTRATION FOR NURSES *

By JANE A. DELANO

Superintendent of Nurses, Bellevue Hospital, New York

THE subject of registration for nurses has had all sides turned to the light, and I can scarcely hope at this late day to find new arguments to strengthen our present position or to make us more sanguine when we consider the future.

We have scarcely had time to adjust ourselves to the new conditions or to realize all that our victory means, but let us not forget, in accepting the benefits of registration, that they have been made possible for all by the untiring efforts of the few.

The necessity of supervision for the medical profession in New York was recognized as early as 1760, and a law regulating the practice of medicine was passed with the following preamble: "Whereas, many ignorant and unskillful persons in physick and surgery, do take upon

* Read at the meeting of the New York State Nurses' Association, October 20.

themselves to administer physick, and practice surgery in the City of New York, to the endangering of the lives and limbs of their patients, it is therefore enacted."

The need of a new law was evident in 1792, for, to quote a historian of that date, "quacks still abound, like locusts in Egypt."

We may well congratulate ourselves that from our own ranks came the demand for State supervision.

The census for 1900 gives rather startling figures. Out of twenty-one thousand four hundred and fifty-eight male and female nurses only two thousand seven hundred and thirty-four are counted as trained nurses. If these statistics are reliable, it means that to-day there are, in New York State alone, eighteen thousand seven hundred and twenty-four nurses and midwives who do not even claim to have been trained.

No one, I am sure, who once grasps the meaning of these figures can doubt the importance of registration, either for the individual nurse or the public employing her; but to me the far-reaching clause in the bill is this referring to schools, "and registered by the Regents of the University of the State of New York as maintaining proper standards."

There are over twelve thousand physicians practising medicine in New York, and thirteen schools are considered sufficient for their instruction.

With only two thousand seven hundred and thirty-four nurses,—trained nurses, I mean,—we have how many training-schools?

There are about three hundred hospitals and fifty-nine sanatoriums in the State, nearly all maintaining, striving to maintain, or hoping to maintain a school for nurses.

Who can deny that hospital economics is often the first and only consideration?

Do we realize the grave responsibilities resting upon our first examiners to decide not only what is meant by proper standards of education, but to determine, as well, which hospitals are able to meet these requirements?

Fortunate are we in having nurses upon this board who are courageous as well as diplomatic. For what they have already done we offer our true appreciation and gratitude.

Nurses in the years to come will add to the names already dear to us those of our number who have planned, and carried to a successful issue, a movement second only in importance to the establishment of training-schools in America.

Let us, as members of the New York State Nurses' Association, pledge once more our earnest support and loyal allegiance.

HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 93)

VII. THE FUEL FOODS—FATS

WHILE a certain amount of proteid food, varying according to individual conditions, is absolutely necessary for the maintenance of the body, the heat and energy needed may be supplied by the proteids themselves, by sugar and starch, or by fat. It is not a matter of indifference how the proportions of these vary, yet so great is the adaptability of the human system that where one is not abundantly available the others can largely replace it and serve its purpose. One may live very largely upon proteid food, the body using this not only for building, but for fuel, but this has two disadvantages and is not an ideal condition. In the first place, proteid food is, as a rule, more expensive than other foods, especially than starch, and it is poor economy to use an expensive article when a cheaper one will serve the purpose equally well. A more important reason lies in the relative proportion of carbon and nitrogen in the proteids. A certain amount of each is necessary in the maintenance of the body-functions. If enough proteid food is eaten to supply all the carbon necessary, more nitrogen than is required will be consumed. In the endeavor to dispose of this superfluous nitrogen the excretory organs, particularly the kidneys, are often overtaxed, and disease results.

Not only the carbohydrates, but the fats, are composed of the three elements, carbon, hydrogen, and oxygen, but in the fats these elements are in very different proportion from that in which they exist in the sugars and starches, the most important difference being the smaller amount of oxygen in the fats. In consequence of this they are capable of uniting with a larger proportion of the oxygen of the air, and when burned they give, pound for pound, more than twice as much heat as the proteids or the carbohydrates.

It is very necessary that in adjusting the amount of food we use to the amount of energy required for bodily processes and outside work we have some measure of the heat afforded by different substances. This measure is found in the calorie—the amount of heat necessary to raise one litre of water one degree centigrade, or, what is practically the same thing, the amount needed to raise one pound of water four degrees Fahrenheit. Sometimes the small calorie, or one one-thousandth of this large calorie, is used as the unit of heat, but in dealing with foods the

large calorie is more convenient. Using this as our measure, we find that one gramme (about one-twenty-eighth of an ounce) of proteid, or of starch, yields 4.1 calories, while one gramme of fat yields 9.3 calories, or one pound of proteid gives one thousand eight hundred and sixty calories, one pound of carbohydrate gives one thousand eight hundred and sixty calories, and one pound of fat gives four thousand two hundred and twenty calories.

The number of calories needed each day by an average person varies from three thousand to four thousand, according to the amount of work performed and other conditions.

The common fats are made up chiefly of mixtures, in varying proportions, of three substances—stearin, palmitin, and olein. Of these stearin is the most solid, and it is this that gives the firm consistency to beef and mutton fat. Olive oil is chiefly olein, a semi-liquid fat at ordinary temperatures, with some palmitin. Butter contains not only palmitin and stearin, but a number of other fats.

The familiar process of soapmaking is carried on by adding some alkali, as potash or caustic soda, to fat. All the fats can be changed to soap in this way, with the formation of glycerine as a by-product. In the digestion of fat, which takes place wholly in the intestines, some of the fat, and possibly all of it, is saponified.

When fats are heated they do not boil. The bubbling that we often see simply shows that water is mixed with the fat. At a certain temperature, different for each fat, decomposition takes place, and certain irritating products are formed. It is probably due to these products that fried food is so often indigestible to persons with delicate stomachs. Fats which, like olive oil, have a high "cracking point," as it is sometimes called, are consequently more desirable for frying purposes than those which decompose at relatively low temperatures. The burning of fat, as in making a brown sauce, renders it less digestible for a similar reason.

Starch and fat are, within certain limits, interchangeable in the diet. The Laplander, because starch is expensive and difficult to obtain, as well as because of the greater heat-producing power of the fat, supplies his carbonaceous food chiefly from fat; the Japanese, with his abundant supply of rice at hand, uses more carbohydrate. Some fat is necessary in all diets, and often too little is supplied for health. Children especially need to be watched to see that a proper amount is present in their food.

There is a marked difference in the digestibility of different fats. Cream is generally considered the most digestible form in which it can be given, and butter ranks high in this respect. The yolk of egg is rich

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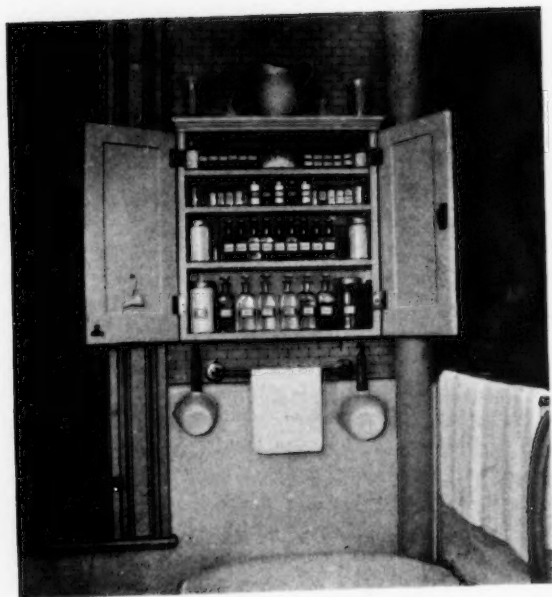
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THE HOME MEDICINE CLOSET

in fat in a digestible form, and bacon is considered an excellent form in which to give fat.

Fat is found in generous amounts in cocoa, olives, and nuts. Nuts especially deserve more general recognition than they have had as a valuable food, not simply as an adjunct to a hearty meal.

Mrs. Abel in one of the Rumford leaflets gives the following table of the percentage of fats in different foods: Meat (spoken of as lean), five to twelve per cent.; eggs, twelve per cent.; milk three to four per cent.; butter, eighty to ninety per cent.; cheese, eight to thirty per cent.; green vegetables, 0.3 per cent.; nuts, fifty-three to sixty-six per cent.; wheat and rye, one to two per cent.; oats, four to five per cent.; corn, five to six per cent.

(To be continued.)

THE HOME MEDICINE CLOSET

By M. M. BROWN

Graduate Presbyterian Hospital, New York

It is a common experience in connection with sickness or any small emergency at home to have to collect from different places in the house the various things that may be needed. Often one does not have on hand some simple remedy that may be required for a guest visiting in the house or for one of the servants. There are always varying needs arising unexpectedly, and it is not pleasant to fail to meet them in the simplest and easiest way. When the family is a large one certain remedies are apt to be kept in one room and others in another, where there is always the possibility of their not being available when wanted. If the medicines, etc., can be kept together in one place and always found there, it is not necessary to have a special closet made, though that is more practical. It is certainly helpful to have the medicines, etc., kept where there is a good light. The family bathroom is suggested as a good place, and as being more available than any bedroom. Sometimes there is a good space in an upstairs hall, or hall closet. The supplies should be kept high enough to be out of the reach of children, and they should be kept locked, with the key hanging near by, not in sight, but in a place known to the adults in the house. Old prescriptions should be discarded when no longer in use. The medicines should be kept fresh and every bottle should be distinctly labelled. Glass-stoppered bottles are advised as being more easily kept clean and more economical in the end. A small supply of clean empty bottles and new corks of different sizes is helpful

to have on hand. If there is no gas connection available for a small gas-stove, an alcohol-lamp with the wick in good condition and ready for use should take its place when necessary. A few towels and a small basin should be kept with the other supplies.

The following description of a home medicine closet which has proved itself a convenience is given with the hope of its being helpful in meeting a need which I have felt repeatedly in my own experience.

A closet twenty-five inches high, twenty-two inches wide, and six inches deep, as shown in the illustration, will hold the medicines and supplies given in the accompanying list. A closet a little larger, with an additional shelf for a few bandages, old linen, a small tray that would hold tooth-picks for making swabs, an eye-dropper, two clinical thermometers, a small glass syringe, menthol pencil, a box of matches, and a pad and pencil, would be more adequate, or a small drawer could be added at the bottom of the closet to supply this deficiency. The list given has been kept as small as possible, and can be modified to suit the needs of different households, substituting, if desired, other remedies that produce the same results. The list is made up of things that any intelligent mother would know how to use under the doctor's direction, and many of them on her own responsibility, in connection with sickness in her household. There are, of course, additions that could be made were a trained nurse to have it in charge.

The closet is made of wood painted with white enamel paint, and has wooden adjustable shelves. Glass shelves would be more easily kept in order.

For convenience the following list is given by shelves, which have been arranged according to sizes of bottles, etc.

First Shelf (space seven and one-half inches).—Six-ounce bottles of listerine, alcohol, glycerine, Pond's extract, brandy, lime-water; sixteen-ounce glass jars of boracic acid powder, flaxseed meal. Two glass covers for medicine and a roll of Z. O. plaster can be put on top of the glass jars.

Second Shelf (space six and one-half inches).—Two-ounce bottles of whiskey, aromatic spirits of ammonia, camphor, castor-oil, tincture green soap, turpentine, chloroform liniment, arnica, camphorated oil, sweet oil; box mustard leaves, jar absorbent cotton, jar gauze.

Third Shelf (space four and one-fourth inches).—One-ounce jars of salt, cold cream, vaseline, ichthyol ung., ten per cent., bicarbonate of soda; bottles of tablets of quinine, two grains; Fraser's migraine for headache, trional, five grains; viburnum led. co., cascara, two grains; soda mint, chlorate potash, rhinitis, calomel, one grain; aconite (No. 1, homœopathic); medicine glass; small measuring glass.

Fourth Shelf (space four and one-half inches).—One-ounce bottles

of collodion, iodine, laudanum, carbolic acid, bichloride tablets, oil cloves, essence peppermint, Jamaica ginger, syrup ipecac, paregoric, sweet spirits of nitre, tr. nux. vomica; lavender salts (small-sized bottle); two white enamel bowls to fit one underneath the other, one four and one-half inches across, the other five and one-fourth inches across.

On one door of the closet inside can be hung a corkscrew, small funnel for filling bottles, and a pair of scissors. On the other door can be hung a thumb forceps, teaspoon, small spatula, and a pincushion. It is well to have a list of the contents of the closet on one of the doors in order to replace anything that is lost.

On top of the closet there is a convenient space for standing a pitcher, pus basin, funnel, and two measuring glasses of different shapes, one to be used only for urine.

On the spaces on either side can be hung a bath thermometer, brush for washing bottles, a flattened wooden spoon for poultices, a hot-water bag, and a fountain syringe in a linen bag.

Underneath can be hung two sizes of saucepans.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 109)

How frequently we hear in these days (notwithstanding the modern, scientific improvements in housekeeping) our "home-makers" exclaim, "Oh! if I had more time, how much I could accomplish!" and the conventional answer, "You have all the time there is," though undoubtedly correct, is such poor consolation that it must surely proceed from one of "Job's comforters."

The only true way to solve this problem of time is resolutely to cut out of our lives the unnecessary things, and so make room for those that are really worth while.

Would it not be feasible to apply this theory to the daily routine of home-life, simplifying it in many ways, so that worry—that dangerous little microbe which undermines the health and happiness of many housewives—shall have far less cause for existence. It is the fussing over little, insignificant trifles relating to the domestic economy that takes up the time and strength and eventually breaks down the nervous force of so many women.

There is such a thing as even the virtue of cleanliness becoming almost a vice when carried to the extreme under all circumstances, as

exemplified in the case of one over-particular housewife I know, who always insists on the outside steps and railing being washed on a certain day, even if the rain be coming down smartly. The same exacting housewife has a strict catalogue kept of her linen-closet, and makes it a rule that anyone who takes out a piece of linen, from a tablecloth to a duster, must write in a book the number of articles and the date they are used. As the whole house is conducted along these fixed lines, small wonder that the family find home-life a burden, with the reiterated warnings to be careful of the furniture, not to carry dust over the polished floors, never to leave a book or magazine out of place, or disturb the sofa-cushions, chairs, etc., etc.

Undoubtedly a certain amount of order and regularity is necessary in the home-life; on the other hand, our home is the one corner of the world where we relax from the conventionality of life, and the keynote is comfort and rest.

When it comes to the choice of being called either a perfect housekeeper or a companionable wife and cheerful mother, with time and strength to be interested in her children's happiness, who would hesitate between the two? Rather, far, a little laxness in the domestic routine than a worn-out woman on the verge of nervous prostration because the day is not long enough to permit her to carry out her purposes.

It is a good plan to review briefly each morning the duties and obligations of the day, portioning out the time to be devoted to work, rest, and recreation, three duties of equal importance in the lives of all men and women.

Something is out of gear when the "home-maker" wakes up each morning with the thought heavy on her heart and brain that she has more to accomplish in the next twelve hours than one head and two hands were ever intended to do. Real duties never conflict, so it is time to sift out the chaff from the wheat.

One of the "unnecessary" causes for care and worry is the accumulation of half-worn and useless possessions.

When a new household article is bought the old one is frequently stored away in garret or closet on the chance that at some remote period it might be found useful. In nine cases out of ten the chance never comes, and after accumulating a vast amount of dust and old age it is finally consigned to the rubbish-heap.

I have been in garrets packed full of furniture and clothing that cause a world of trouble and anxiety in the spring house-cleaning, for fear of the "moth and rust that doth corrupt," with never a thought of the comfort and help they would bring to the homes of the less fortunate ones of the earth.

Not only in garrets and closets do useless articles collect, but one

often enters a family sitting-room that makes the heart sad when thinking of the poor, tired woman who has to care for it day by day, dusting and arranging the dozens of trifles accumulated.

When the day is planned and the household machinery is running smoothly the "home-maker" frequently sits down for a morning of sewing or mending, and again we touch the question of ventilation. I think we may take it for granted that fresh air in the sleeping-room has become widely popular, but what about fresh air in the room where we work? When there is a room set apart for sewing, it is usually shut up when not in use, and few women think of airing it before sitting down to their work. Even should the workroom have the window opened for half an hour in the morning, the fresh air is soon used up, and after bending over her work for a couple of hours the housewife rises oftentimes with a nervous headache that remains in her company the rest of the day.

It is easy to become absorbed in one's work and to take no thought of time; besides, when doing a difficult piece of sewing one does not like to be disturbed; but a moment will throw open the window, and half a dozen deep breaths of outside air and a peep at heaven's vault of blue will send one back to the sewing with such a light heart and clear head that difficulties will melt away like snow before the sun.

Another part of housekeeping that might be simplified to great advantage has to do with the daily question, "What shall we eat?"

Of all household problems this one causes most anxiety to the faithful housewife. It is simple enough to fall into a routine and order the same dishes time and time again because it saves trouble; on the other hand, in a "maid-of-all-work household" it never pays to go in for experiments or new ventures, or the outcome will be that the mistress spends the hours in the kitchen which rightfully belong to rest and recreation. Even the most simple made-up dishes take time and a certain amount of nervous energy to concoct, and yet variety is the necessary spice to maintain a good appetite. One tired housekeeper expressed a wish that some new animal might be created to vary the monotony of beef and mutton. Perhaps one solution of the riddle is found in not ordering too large a supply at one time; in the end it is but poor economy, as most families rebel against warmed-over scraps,—apart from the knowledge that they lose their nutritious qualities when cooked for the second time,—and the housewife feels loth to buy fresh material with the remains of two or three days' dinners still in the refrigerator. It takes more thought to plan out the housekeeping on the scale of simplicity with an equal balance of good living and economy, but who will doubt that it is among the "worth whiles" of life?

(To be continued.)

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



"THE STORY OF A GRAIN OF WHEAT." Appleton & Co., New York.

This little book, by William C. Edgar, editor of the *Northwestern Miller*, contains in its one hundred and ninety-odd pages many suggestions for the thoughtful reader—suggestions along lines that the modest title of the book never hints at, many and widely interesting, grave and trenchant sometimes, but full of quiet reminiscent humor at others. A glance at the illustrations of the book will perhaps convey the best idea of how big and large, and old and new, and world-wide this story of a grain of wheat is. The frontispiece is the "Old Mill, Winchester, England;" following it "A Field of Wheat" (of five thousand acres); "Wheat-Market, Assouan, Egypt;" "A Buda-Pesth Elevator;" "Russian Peasant Ploughing;" "Interior of an Argentine Mill;" "American Elevator Town;" "Quern, Isle of Man;" "Feudal Mill, Bagatz, France;" "Pompeian Mill," and "Dutch Windmills." These are some of the illustrations, but only a few of them—enough, however, to give a hint of the varied interest of the book.

The first chapter is a quaint and delicate little homily wherein the author disclaims all pretension to a greatly special scientific knowledge of his subject, and asks but to "touch upon the past and present achievement in wheat culture." This chapter is a history in little of the civilization of the world, beginning with the primitive man, who, neither sowing nor harvesting, seized and ravenously devoured the unmodified wheat berry; going on to the "black-bread times," where appear classes,—lord and peasant and a soldiery,—on through blights and famines, taxes and riots, "when nature and man conspired against the wheat," through the prosperous days when England's agriculture was the example of the world; past that, when, England grown too small for the story, there begins across the ocean "the march of the pioneer from east to west," and on to the climax of the "white-bread era." I cannot help giving the closing lines of this chapter entire; they are a prophecy and gospel in one: "Thus the tale of wheat is ever the story of man's achievement with God's help, each chapter marking an upward step in human progress, an advance in knowledge, science, and civilization; finally triumphing in a brotherhood of man, wherein the East may be hungry, but the West will not let her starve. Interdependent, the nations shall feed each other, and wheat will continue its beautiful mission of peace and good-will, and there will be no more hunger in all the world."

The second chapter most interestingly takes up the disease and sickness which attacks wheat and methods of preventing or coping with these; and we are in this connection bidden to observe that "the wheat family, as behooves so ancient and conservative a house, repels the attacks of sickness by active and positive old-school medicines, and that the principles of Christian Science have not been applied to any extent in the elimination of wheat diseases." Perhaps it is by way of mentioning that the exception proves the rule that we are told

immediately after the foregoing of the miraculous answer to prayer for the stay of the grasshopper plague in Minnesota in 1877.

Great as is the temptation to linger in the early part of the book, we must not fail to spend a word or two on the later chapters, especially Chapter X., which treats of the milling of wheat. It is the most fascinating chapter in this wholly fascinating book. An interesting note for ourselves is, that the earliest mill operators were women—we appear to have monopolized the industry for some four thousand years; then we find slaves of a baser sort and criminals put to the grinding. Later, in the early Christian era, we seem to be doing the family grinding by means of the quern. Mr. Edgar quotes in this connection Wyckliffe's translation of our Lord's prophecy, "Tweine wymmen schulen ben gryndyng in o quern, oon schal be taken and the tother lefte."

There are some pages on the feudal struggle in the history of milling, when king, priest, and squire insisted, by right of might, on the monopoly of the milling industry; but the chapter is far too short; it hardly more than hints at what the author knows of "Soke" or "Soc," as this feudal monopoly was called. That is the fault of the book. Mr. Edgar is in love with his subject, knows it by heart, finds beauties in it that the more indifferent observer would pass by without dreaming that they existed; he could go on, we feel sure, giving us volumes for chapters of the most thrilling history, the most heart-breaking tragedy, as the St. Croix story attests, for one instance; but he is dogged on by a sense of duty, or so it would seem, to give us dates, statistics, awful totals of dollars and bushels. But many readers may find in these, to us vast and vague data, the interest of the book. "This story of a grain of wheat tells the story of man's long-continued struggle for plenty; the response of nature to her children asking for food; the emergence of mankind from savagery, when, regardless of anything save the pangs of hunger, the first miller plucked the berry from the stalk and, using his teeth for millstones, ground grist for a customer who would not be denied—his stomach."

THE SERVANT PROBLEM. Miss Jane Addams in *Good Housekeeping*.

In an article entitled "The Servant Problem," which appeared in the September number of *Good Housekeeping*, Miss Jane Addams lays serious charges against the housekeepers of America. "Why," she asks, "with the increasing number of American housekeepers who are college graduates, and with advantages undreamed of by their grandmothers,—courses in science, economics, and so forth,—is there so little apparent improvement in the administration of the household?" Miss Addams herself answers the question and suggests the means by which to correct the unharmoniousness which makes housework the bugbear of the present time.

American housekeepers, or, as they love to consider themselves, homekeepers, are too conservative in keeping to old traditions and in refusing to take up and apply the inventions of science meant to do for them those things they really want done; they are too timid about trying new things; they are selfish in requiring their families to battle along with a poor and hampering administration because they lack the courage to throw off the outgrown domestic machinery and venture forth as pioneers of better things. Miss Addams warns us that the world will not stand still for our bidding, and that the needed changes are bound to come in spite of all opposition, and she suggests the necessity of our recognizing and coöperating with the advancing change in conditions. She advises

a movement towards collective housekeeping—a certain number of residents in one locality agree as to menus, and by liberal patronage of foods cooked outside the home make the work of serving the family with good, wholesome, and varied diet the simplest matter in the world. She gives an instance of where this plan was actually tried in a Western town, and, despite the fact of its working with, apparently, the best of success, abandoned by the housekeeping experimenters.

What she says to housekeepers Miss Addams might easily apply to us all—I mean women in general and particularly nurses. Her little paper is one we all need to read heedfully and to make copious notes from.

HOW TO MAKE MONEY. A reprint from *Everybody's Magazine*.

This little book with such an alluring title is edited by Katherine Birdsall. Probably ninety-nine out of every hundred people who pick it up will drop it in disappointment, but to the hundredth it may be the inspiration needed to save in a desperate situation. It contains eighty suggestions for women who, having no training for any kind of remunerative employment, find it necessary to make an effort to turn their hands to some useful and advantageous work. It is in no way intended for the "business woman,"—as the preface warns the reader,—its aim is to help the unclassified or unskilled woman to the quickest and most practical way of utilizing whatever talent she may possess. The editor's "foreword" is a very stimulating and timely word for us all, and the book itself is like a good cook-book, a handy little volume to keep on one's bookshelf for reference in an emergency.



FARRAND Training-School for Nurses publishes the following list of books of reference in the nurses' library:

- Anatomy*.—Gray, Walker, Nancrede, Morris.
- Physiology*.—Foster, Hutchinson, Smith, Dalton.
- Hygiene*.—Parkes, Mitchell, Blaikie, Wilson, Keen, Edwards.
- Materia Medica*.—Potter, United States Dispensatory, Groff.
- Bacteriology*.—Vaughan-Novy, Prudden.
- Practice of Medicine*.—Osler, Hughes, Loomis, Da Costa, Shurly, Flint.
- Surgery*.—Morris, McMurtry, Bryant, American Text-Book of Surgery, Erichsen, Gross, Whiting, Wharton.
- Gynecology*.—Reed, Skene, Emmett, Savage.
- Obstetrics*.—Jewett, Davis, Lusk, Manton, Parvin.
- Children*.—Emmett Holt, Starr, Oppenheim, Griffith, Keating, Douglass, Routh, Jacobi.
- Nervous Diseases*.—Burr, Chapin, Mills.
- Massage*.—Ostrom, Grafstrom, Post, Palmer.
- Nursing*.—Nightingale, Weeks, Stoney, Fullerton, Voswinkle, Wilson.
- Dietetics*.—Boland, Pavy, Bruen.
- Dictionaries*.—Gould, Dunglison, Webster, Quain.
- Miscellaneous*.—Bandaging, Leonard; First Aid to the Injured; Examination of Urine, Hoffman; Tyson.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



TASTE IN RELATION TO BODILY NEEDS.—The *New York and Philadelphia Medical Journal* gives an interesting synopsis of an article in the *Roussky Vrach* on an important point in feeding: "Borrisoff says that every animal, including man, eats that food which it needs for the carrying on of its functions, and that instinct causes it to like that food best, because it produces a more pleasant sensation upon the nerves of taste; for example, the well-known propensity of herbivora to eat salt, to which carnivora are indifferent. In eating plants herbivora ingest freely potassium salts, which cause an increased elimination of sodium chloride. Every ranchman knows that the addition of common salt to the fodder of cattle produces an improvement in the well-being of the animals. In man, also, nations that feed largely on animal food use much less salt than vegetarian tribes. The change in the taste for certain foods in women during pregnancy, and in girls during the development of puberty, are examples of alterations in tastes according to the needs of the body. In children there often occur desires for various indigestible substances, such as chalk, charcoal, etc. In these cases the growing body craves certain salts, *e. g.*, calcium, certain alkalies, such as those in unwashed coal, rich in lyes. The tendency of children to crave sweet and starchy foods is well known, and the author thinks that it also is due to the same law. Children play and move about a good deal, and so need carbohydrates for the supply of energy. Their heat radiation is also greater than in adults, as the body surfaces is comparatively greater. This also calls for carbohydrates. It is not right, therefore, to force children to eat more meat, as many physicians and parents do. The author has experimented on fowls to show the working of this law of taste. He fed both hens and cocks on grain, water, and lime, each in separate receptacles, and daily weighed the lime left over, so as to determine the amount taken under different conditions. The cocks did not eat lime, while the hens did; the hens also kept up a certain average ingestion of lime, *i. e.*, when they had not eaten enough one day they made up on the other days. This shows that the hens needed lime to produce egg-shells, and that they lost the desire for it from time to time, when they had had enough, but recovered this desire as soon as the stock of lime became low."

RADIUM IN MEDICINE.—The *Medical Record*, reporting a paper read at a meeting of the New York State Medical Association, says: "Dr. Samuel G. Tracy, of New York, presented this paper. He pointed out that pure radium salts evolved enough heat to melt more than their weight in ice every hour, and yet at the end of months the radium was as potent as before, and one could observe no change in its weight or by chemical, microscopical, or spectroscopic examination. This substance had thrown the first doubt upon the law of the conservation of energy. If a small glass tube containing radium were kept in the vest-pocket for several hours it would cause a severe burn, but the full

physiological effect would not be noted for a week or ten days. Seeds exposed to radium for several hours lost their germinating power. As yet comparatively few physicians had reported upon the use of this wonderful substance in deeply seated cancer, yet there was reason to believe that it might prove very useful in such cases as well as in lupus, rodent ulcer, and superficial cancer. Radium was known to possess bactericidal power, and it had been inferred from this and its other properties that it should prove beneficial in pulmonary tuberculosis. Specimens of radium were exhibited, and the attention of those present called to the fact that pure radium did not fluoresce, but that fluorescence was observed when radium was more or less adulterated."

HEADACHE AS A SYMPTOM.—The *New York and Philadelphia Medical Journal* has an editorial on Dr. Ellis's paper on this subject. Dr. Ellis believes that sixty per cent. of all headaches are due in a greater or less degree to some fault in the eyes. Those arising from this cause are oftener dull and heavy than very sharp. When they are not due to a diseased condition they are most commonly found in persons who make considerable use of the muscles of accommodation and convergence. When a person complains of headache after riding in a car, going to church or the theatre, or after shopping, it is reasonable to suspect the eyes. When headache occurs as the result of an ocular defect, it almost always comes on within a few hours after the eyes have been taxed, but sometimes it holds off until the next day, especially when the eyes have been used to a considerable extent at night. In patients subject to attacks of sick headache it is always wise to look for eye defects. They occur in about sixty per cent. of such cases, and their correction leads to amelioration and frequently to cure. Headache is common as a result of nervous exhaustion from almost any cause, and particularly from prolonged mental effort or worry. When it is caused by anemia it is generally frontal. In congestive headache the pain is of a throbbing character. Toxic headaches are frontal and deep-seated. Syphilitic headache is neuralgic and limited to the temples. Stomachic and hepatic headaches are usually occipital or vertical, but they may be frontal or general. Ocular headache must not be confounded with neurasthenic headache, which is probably toxic and continues after every source of peripheral irritation has been removed.

TREATMENT OF APPARENT DEATH OF THE NEWLY-BORN.—The *Journal of the American Medical Association*, quoting from a foreign contemporary, says: "Zangemeister remarks that the attempts to apply the inhalation of oxygen as a therapeutic measure have not been very satisfactory as a general thing, but there is one condition in which it is proving extremely valuable. This is in severe asphyxia neonatorum. The almost invariable success and the rapidity of its action, with no inconveniences, render it a most valuable aid in this emergency. He uses a thin-walled rubber bulb filled from a small portable tank of compressed oxygen. The oxygen is forced through a tracheal catheter into the infant's lungs by gentle, regular pressure on the bulb. When the lungs have become distended he applies gentle external pressure to the thorax. The air escapes along the outside of the catheter, which must be of small diameter to allow this. The lungs are then inflated again by gentle pressure on the bulb and emptied as before, and these procedures are repeated continuously as long as required. The prompt reddening of the skin shows the favorable action of the oxygen. It can be applied while the infant is in a warm bath. The narcosis

from carbon dioxide is dispelled in this way more rapidly than by any other means, and the stimuli applied becomes more promptly effectual."

ERGOT IN ALCOHOLISM AND MORPHINISM.—In a paper given at the meeting of the New York State Medical Association Dr. Alfred J. Livingston said that the sleeplessness, pain, and restlessness following the attempt to break off the drug habit would be more surely relieved by ergot than by the narcotic drugs. The first step was wholly to discontinue the use of the narcotic. He then gave ergot hypodermically and administered a laxative, fluid extract of *rhamnus fragula*, one or two drams at bedtime and sometimes more frequently to keep the bowels open. In general he gave two or three doses of ergot, nearly a dram each of his solution, each day. It could be given by mouth, but he found the hypodermic method better. He believed the nervous disturbance depended upon the disturbance of the vascular system, and ergot restored the equilibrium of the circulation.

Dr. Alexander Lambert had had a wide experience at Bellevue Hospital in the treatment of confirmed alcoholism. For years during each service of six weeks he had had twenty-five or thirty deaths. Since using ergot after Dr. Livingston's method he had had only six or seven deaths in the same time.

Dr. Frederick H. Wiggin had found ergot useful in these cases, but gave fifty or sixty minims at a dose.

SUFFOCATION BY FECAL VOMIT.—Dr. Andrews in an article in the *Annals of Surgery* says this accident happens during operations for intestinal obstruction and septic peritonitis. His conclusions are as follows:

"1. Flooding of the air-passages by fecal vomit is a real danger, and probably has caused many unexplained deaths. 2. Resuscitation is impossible or very difficult. 3. The fluid may flow by gravity through the relaxed stomach sphincters directly out of the intestine, where it has accumulated in enormous quantities. 4. The accident occurs with great suddenness and with a stomach supposedly empty. The suffocation may be so complete that no outcry is made and may not be noticed by the attendant. 5. It may occur as late as an hour after anaesthesia, or at any time until consciousness is restored. 6. We have no evidence that it can occur during consciousness even in extremis. 7. After septic laparotomy, patients, when returned to bed, should be watched, without even momentary intervals, to full consciousness. 8. A suggestion made to me by Dr. McArthur that as many as possible of such cases be operated under cocaine anaesthesia seems to me sound in the light of the above report."

CYSTITIS AFTER OPERATIONS.—A writer in a German medical journal recommends the use of glycerine as a preventive of the cystitis following an operation, which he considers a bacterial inflammation of the bladder. He avoids the use of the catheter as long as possible. When necessary a soft catheter is inserted, and as soon as the urine begins to flow he applies a syringe and slowly injects twenty cubic centimetres of a two per cent. glycerine solution of boric acid. Usually in from five to ten minutes the patient passes urine spontaneously and there is no ill effect afterwards. It is seldom necessary to repeat the injection. When continued catheterization is unavoidable the bladder is washed out each time with five hundred cubic centimetres of a three per cent. solution of boric acid. This had warded off cystitis in nearly every one of his cases.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE Pasadena (Cal.) Board of Health and local newspaper representatives have been invited by D. W. Linnard, of the Hotel Maryland, to dine and afterwards discuss the matter of establishing a detention hospital in Pasadena for the care of those suffering from contagious diseases. Pasadena has already provided for its invalids of other than contagious diseases, and has a pest-house in the Arroyo Seco for the care of smallpox cases, but the child in the hotels afflicted with a mild form of scarlatina has not a place to lay its head.

ARTICLES of incorporation have been granted to a company which will construct one of the largest and most thoroughly equipped hospitals in Chicago. It will be called the Chicago Homœopathic Hospital, and will replace the present small structure of the same name at the southeast corner of Wood and York Streets.

At a meeting of the managers of the Reading (Pa.) Hospital Captain P. R. Stetson, chairman of the Administration Committee, reported that the title of "chief nurse" had been changed to "superintendent," and that Miss Ethel D'A. Clay, the present incumbent, had been unanimously named for that position.

GOVERNOR ODELL returned to Albany, N. Y., on Wednesday night from Washington County, where he had been inspecting sites for the State Insane Hospital. Thursday morning he left for Orange and Rockland Counties with the commission to decide upon a site for the hospital for crippled children.

MISS JANE A. WRIGHT, for four years superintendent of the Lying-In Hospital, Providence, R. I., who resigned about a year ago on account of ill-health, has sufficiently recovered to take up private work in New York. Miss Wright is a graduate of the New York Hospital Training-School.

MISS MARGARET G. FAY, of the Hospital of the University of Pennsylvania, Class of 1898, and who has been for the past two years superintendent of nurses at the John Sealy Hospital, Galveston, Tex., has recently been appointed superintendent of that hospital.

THE Jewish Hospital at Tabor Station, Philadelphia, has been enlarged by the gift of three new buildings, named respectively, for the donors, the Guggenheim Hospital for Private Patients, the Eisner Home for Nurses, and the Loeb Operating Building.

THE trustees of Columbia (N. Y.) University are considering the advisability of acquiring or building a hospital to be under the control of the Medical department, where bedside instruction can be given to students.

DRS. D. M. AND B. F. BYE have purchased property at Eleventh and Capitol Avenue, Indianapolis, Ind., where they contemplate establishing one of the most complete hospitals in the world for the treatment of cancer.

NEW quarters for the Mount Sinai Hospital at 17 Stantiford Street, Boston, Mass., have been secured. The out-patient department, situated for over a year on Chambers Street, has been removed to the new building.

MISS B. L. DICKSON has accepted the position of superintendent of the McCosh Infirmary at Princeton, N. J., and Miss A. C. Thompson is matron. They are both of the New York Hospital Training-School.

THE trustees of the Addison Gilbert Hospital of Gloucester, Mass., have accepted, with reservations, the sum of five thousand three hundred dollars, the gift of the summer residents of Magnolia.

THE town of Cando, N. Dakota, is considering the advisability of establishing a small hospital that can be added to in order to keep pace with the progress of that growing little city.

THE Executive Committee of the Brockton (Mass.) Hospital have under consideration plans for an addition to the property that will increase its humane utility greatly.

MISS BELLE GREGORY, of the Toronto General Hospital, has been appointed superintendent of St. Luke's Hospital, St. Louis, Mo., to succeed Miss Ida Lyndon Foster, resigned.

THE Public Hospital, St. John, N. B., is being enlarged by additions to the main building, the two wings, and the Nurses' Home.

EXERCISES on the laying of the corner-stone of the New England Deaconess Hospital in Longwood, Mass., were held November 5.

CONEY ISLAND wants the Emergency Hospital, which is closed after the season is over, made a permanent institution.

THE Mercy Hospital of Kansas City, Mo., will open a ward for crippled and deformed children.

A NEW Homeopathic State Hospital for the Insane will be built near Rittersville, Pa.

NORTH ADAMS, Mass., wants a hospital for contagious diseases.

EAST BOSTON, Mass., wants an Emergency Hospital.

SOME OF THE WAYS HOSPITALS ARE BEING AIDED

THE Juvenile Mercy Hospital Club has a novel plan for building and maintaining a hospital home for sick, lame, and unfortunate children of the State. Their plan is for every child to send ten cents for a brick to help build this children's hospital. All those doing so will be enrolled as members of the Juvenile Club, and also have their name placed upon a brick to go into the walls of the Children's Hospital. Many letters have been written to children in other parts of the State, which are being rapidly answered. To become a member of this club, address Mildred S. Hall, president of Juvenile Mercy Hospital Club, Mercy Hospital, 1522 South High Street, Columbus, O. The Juvenile Club presented, among other things, "Mrs. Wiggs of the Cabbage Patch" at the benefit given for the hospital at the Board of Trade auditorium on Tuesday evening, October 13.

THE thirteenth annual Hospital Day celebration held on October 17 at St. Luke's Hospital, South Bethlehem, Pa., was marked by the formal presentation to the institution of the new Sayre Pavilion and the graduation of eight

young women from the training-school. The names of the graduates are: Catherine Kay Hume Barnes, Allentown, Pa.; Mary Winifred Beckwith, Ithaca, N. Y.; Harriet McDowell Bynum, Germantown, N. C.; Lena Church, Montreal, Canada; Adda Berger Geiser, Bath, Pa.; Inez Catherine Harwig, Phillipsburg, N. J.; Henrietta Yoder McCormick, Elimsport, Pa.; Daisy Isobel Pirie, Brooklyn, N. Y.

THE University of Pennsylvania has planned to make the first extensive experiments in this country with the Finsen light. At the last session of the Pennsylvania Legislature twenty-five thousand dollars was appropriated for the equipment of a laboratory for X-ray research and for Finsen light apparatus. The new department is to be connected with the university hospital.

THE only person authorized to solicit contributions for the Boston Floating Hospital is J. R. Anderson. Don't let anybody else "work" you for souvenir book or any other contribution. Fraud is being attempted, and for the sake of the hospital, at any rate, it is everybody's business to help head it off.

MISSES ALICE AND MARY MOSSOP, two prominent women of Clearfield, Pa., have presented to the hospital directors there a tract of four acres and twenty-thousand dollars in cash to be used in the erection of a model hospital as a memorial to Frederick Mossop, a dead brother.

ABRAHAM SLIMMER, a wealthy man of Waverly, Ia., has given his house there to the Sisters of Charity for a hospital, and will hereafter live in a two-room woodshed, cooking his own meals. In a few years Mr. Slimmer has given hundreds of thousands of dollars to charity.

THE trustees of the Margaret Pillsbury Hospital, Concord, N. H., have been notified of a donation of three thousand five hundred and fifty-two dollars from the John H. Pearson trust fund for the establishment of a Memorial Maternity Ward in that institution.

THE Children's Hospital Society is an outgrowth of the work of the Chicago Woman's Club, and from the Hospital Society there was evolved the Milk Commission. The passage of the child labor law and other measures for the public good may also be cited.

By the will of the late Dr. George Haven the Boston Lying-in Hospital receives his books and instruments and twenty thousand dollars. Besides this the hospital is made equal residuary legatee with the Harvard Medical School.

THE Davis Memorial Hospital at Elkins, W. Va., was built by ex-Senator Davis in memory of his son, who was drowned off the coast of Africa while touring the world. The building was erected at a cost of eighty thousand dollars.

THROUGH the generosity of Mrs. Plant, widow of the late Henry D. Plant, St. Luke's Hospital, New York, is to have another elaborate pavilion, making six of the ten which the original plan calls for.

A CONCERT and bazaar was given at the Devon Inn, Devon, Pa., part of the proceeds of which went to the Hospital of the Good Shepherd at Rosemont.

A PROMINENT woman in Utica has given two hundred and fifty thousand dollars to erect a new building for St. Luke's Hospital.

By the will of the late Elias A. Perkins the Quincy City Hospital, Quincy, Mass., receives one thousand dollars.

TRAINING-SCHOOL NOTES

On October 31, in the theatre of the Toronto General Hospital, the commencement exercises of the autumn graduating class of nurses in connection with that institution were held, a large number of friends of the class being present. The proceedings were opened with an address by John L. Blaikie, president of the Board of Trustees of the hospital, after which Miss Snively, lady superintendent of the Training-School, read a report showing that institution to be in a flourishing condition. Mrs. Mortimer Clark presented the badges, and Dr. O'Reilly handed the diplomas to the following young ladies who completed their course: Misses Sara C. Smith, Port Rowan; Minnie Kavanagh, Hamilton; Tena MacGregor, Maud Alice Rickey, Stayner; Nellie Maude Campbell, Blenheim; Catherine Menzies, Toronto; Clara Sevilla Lunay, Newmarket; Verna Evelyn Scarlett, Toronto; Minnie Pauline Ayling, Chicago; Bertha Anne Toye, Scarboro; Effie Crysler, Niagara-on-the-Lake; Elizabeth D. Gracey, Gananoque; Helen King, Woodstock; Edith Hisband, Sault Ste. Marie; Clara A. Brown, Binbrook; Martha J. Lundy, Sharon; Marguerite I. Wood, Millbrook. Speeches were also delivered by Dr. Allan Baines and Mayor Urquhart. Miss Sara C. Smith, of Port Rowan, and Miss M. E. Allan led the class with seventy-seven per cent., Miss E. Thorpe, of Sharon, being second with seventy-six per cent. After the exercises in the theatre were over an adjournment was made to the Nurses' Residence, where light refreshments were served and a dance indulged in. Miss Snively, the superintendent of the Training-School, presented a very acceptable report on the year's work. Of six hundred and twenty-seven applicants for admission thirty-seven were received on probation and twenty-two as pupils. At present the nursing staff at the hospital consists of seven probationers, seventy-two nurses, and five graduate nurses. During the year one hundred and fifty-five special nurses were employed, which, the superintendent points out, indicates the thought of the age regarding the trained nurse and the part she now plays as a coworker with the physician and surgeon.

The certificate of qualification now granted by the school is now held by three hundred and seventy-five nurses. During the past year twenty of these have accepted positions, as follows: As head nurses: Isabel Moodie and Mary Graham, Maritan Hospital, Dawson City; Mareb Allen, Ross Memorial, Lindsay; Elizabeth McKenzie, Sanitarium, Dwight, Ill.; Jessie Watson, Stillman Infirmary, Harvard University, Cambridge, Mass.; and Catherine Smith and Kate McTavish, Protestant Hospital at Atlin, B. C.; as assistant superintendents: A. Lander Sutherland, Lakeside Hospital, Cleveland, and Hettie McGill, General Hospital, Madini, Mexico; as hospital superintendents, Augusta Blakeley, Yorkton, N. W. T.; Rachel Hanna, Red Deer, N. W. T.; Christina Mounsey, Swan River, N. W. T.; Albertine Macfarlane, Medicine Hat, N. W. T.; L. Maud Davis, Renfrew; Nellie Miller, Brockville; Rahno Aitkins, Western Hospital, Montreal; as superintendents of nurses: Mabel Stock, Presbyterian Hospital, Allegheny, Pa.; Ruth Pirt, Military Hospital, Milwaukee; Belle Gregory, St. Luke's, St. Louis.

In addition there were twenty-two applications for positions of varying importance for which no recommendations were made. Miss Coleman, a graduate of some years ago, who has been superintendent of the Sagman Hospital, is now taking a post-graduate course in connection with the Department of Hospital Economics, established at Columbia College, New York. Two missionary nurses, home on furlough, have returned to China during the year, one has lately come

home from India for a rest, and one, Miss Theresa Millar, of the Class of 1884, died last spring from fever in China.

The record is altogether one that reflects great credit on Miss Snively and the Toronto General Hospital.

A WEALTHY woman in Utica has undertaken the support of a nurse to do district work among the poor by contributing six hundred dollars per year for this purpose to the Faxon Hospital, the work to be done by an undergraduate under the direction of Miss Cadmus. District nursing upon these lines has been done by the Homœopathic and City Hospitals in Rochester for many years, and is considered valuable experience for the pupils during the latter part of their term. The results in Utica are very satisfactory. Hope and happiness has been brought into many homes. One case reported is that of a patient who had been confined to her house with rheumatism for eleven years, and after five-weeks' treatment and care with massage and electricity is now able to walk several blocks. Much more of this kind of work might be done through our training-schools, especially in the smaller cities, where it is not possible or advisable to organize a District Nursing Association.

MISS IDA M. TRACY, assistant superintendent of the University of Michigan Training-School for Nurses, and who has been connected with it in various capacities since graduating in 1899, has been appointed superintendent. Miss Tracy is also a graduate of the General Memorial Hospital, New York City. Other appointments were: Miss Mary C. Haarer, assistant; Miss Fleda G. Dowell, night supervisor, and Miss Charlotte Easton, operating-room nurse.

MISS ELIZABETH M. REID has accepted the position of superintendent of nurses at the Lowell General Hospital, Lowell, Mass., and entered upon her duties November 2. Miss Reid is a graduate of the Massachusetts General, Class of 1891, and brings to her work a broad experience both in private and institutional work.

MISS MARJORIE M. TAYLOR, of the Hospital of the University of Pennsylvania, Class of 1900, who has for the past year been superintendent of the Training-School of the Women's Hospital, Denver, Col., has been appointed to succeed Miss Fay as superintendent of nurses at the John Sealy Hospital, Galveston, Tex.

MISS MARY E. COOMBS, superintendent and matron of the Margaret Pillsbury Hospital, Concord, N. H., has tendered her resignation to the Board of Directors. Miss Mary Ard McKenzie, a graduate of the Massachusetts General Hospital Training-School, will succeed her.

THE superintendents of Boston and vicinity, twenty-six in number, lunched at the Hotel Thorndike on November 12. The subjects discussed were, "How to Obtain Better Material for Making Nurses," "Improved Methods of Teaching," "Discipline," and "Health Standards."

THE Memphis City Hospital held graduating exercises on the evening of November 13, when the following young ladies received diplomas: Miss Jessie Mae Kersh, Miss Alice Swan, Miss Mary Lillian Mills, Miss Pauline Margaret Rhodes, Miss Susie Carrie Piper.

THE first diploma ever given a trained nurse in Turkey has been granted this year to a young Armenian woman who, after graduating at the mission school in Marsovan, Asia Minor, took a five-years' training in hospital and practice in the same city.

For the new hospital at Herkimer, N. Y., Mrs. Harriet Bunnell, a graduate of Farrand Training-School, Harper Hospital, has been secured as superintendent. Miss Clara Hurd, a graduate of Syracuse Hospital, will be her assistant.

MRS. M. L. ROGERS, of the New York Hospital Training-School, formerly matron of the Bridgeport Hospital, is now assistant directress of nurses at the Long Island College Hospital, Brooklyn.

MISS ELLEN SMITH, a graduate of the Boston City Hospital, will succeed Miss Ayers as superintendent of nurses at the Central Maine General Hospital, Lewiston, Me.

THE General Hospital, Utica, N. Y., is making arrangements for starting a Training-School for Nurses.

THE Burnham Hospital, in Champaign, Ill., is soon to establish a Training-School for Nurses.

PERSONAL

MISS ADELE M. SWAIN, who had had charge of the nursery ward of the Erie County Hospital, Buffalo, for a number of years, and who left in June to take a position in the National Soldiers' Home at Norfolk, Va., returned to Buffalo recently and is now the night superintendent at the Erie County Hospital.

MISS LILY J. PATTE, a graduate of S. R. Smith Infirmary, Staten Island, N. Y., Class of 1901, has been appointed superintendent of the Barlow Sanatorium, a charitable organization for incipient tuberculosis, adjoining Elysian Park, Los Angeles, Cal., opened September 7, 1903.

MISS JANE SPOFFARD JACKSON, who claims Maine as her birthplace and who is a graduate of the Episcopal Hospital Training-School in Philadelphia, has joined Bishop Brent's staff of nurses in the Philippines.

MISS GERTRUDE MONTFORT has resigned her position as superintendent of the Nyack Hospital, N. Y. Miss Montfort is a Bellevue graduate, and has been connected with the Nyack Hospital for the past four years.

MISS J. A. GERNAUD, a graduate of the Garfield Memorial Hospital, Washington, D. C., Class of 1900, has accepted the position of superintendent of the King's Daughters' Hospital, Staunton, Va.

MISS MARGARET CAMPBELL has resigned the position of "supervising night nurse" at the Roosevelt Hospital and taken up office work with Dr. H. C. Geyer at Cold-Spring-on-Hudson, N. Y.

THE Misses H. G. Matthews and S. S. Higenbotham, of the New York Hospital Training-School, are very successfully engaged in private nursing in Paris.

MISS MAUD TRUXTON HENDERSON, of Lexington, Va., and a graduate of the Boston City Hospital, has entered the missionary field in China.

MISS JOSEPHINE HILL has been appointed superintendent of the New York Hospital Graduate Nurses' Club, 52-54 East Forty-ninth Street.

MISS E. F. JACKES is in the South of France for the winter.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



THE ANNUAL COUNCIL OF THE GUILD OF ST. BARNABAS

It was with fresh courage and renewed enthusiasm that the delegates of the Guild of St. Barnabas turned their steps away from Hartford, where the Seventeenth Annual Council was held, November 13 and 14. The delegates were warmly welcomed and hospitably entertained, and every means provided for their comfort and enjoyment.

Trinity Church opened its doors the first evening, and Bishop Brewster preached an inspiring sermon on the power of *enthusiasm* in the nurse's work, as in all the great undertakings of life. But he urged on those to whom this gift should be denied the importance of a steady faithfulness to duty, an enduring patience in the face of difficulty, with a certain hope of the peace which comes through the accomplishment of a great work. The service in the church was followed by a pleasant reception in the Parish-House.

On the 15th, after the Communion Service, there was a conference of the chaplain general with the chaplains, and of the general secretary with the secretaries of the branches. In the latter meeting it was decided that each secretary should be directly responsible for her correspondent to THE AMERICAN JOURNAL OF NURSING; that the editor should appoint definite times at which she wished to hear from each branch, and that the secretary must see that a report of her branch reached the editor at the time appointed.

Then followed the general business meeting. After the reading of reports the time was spent in revising the constitution, copies of which will shortly be printed and distributed, and if approved by the guild it will go into effect next year. The remainder of time was devoted to a discussion on the united benevolent work. A committee of five was appointed to investigate the subject of a fund for aged or disabled nurses—what already exists in that line, and the feasibility of starting a guild fund—and it was then voted that the Guild of St. Barnabas should unite in sending a nurse to the mission field; that each branch should be at liberty to join in the work or not, to a large or small extent, and that the offerings on St. Barnabas Day should be devoted to this cause. It is to be hoped that every branch in the guild will respond to this call to service, that every member of every branch will rise to the opportunity and privilege which has been offered, so that the guild may remain true to its central purpose of high endeavors and wide sympathies in the midst of the suffering of the world. For it is as true of the life of an organization as it is of the life of the individual, that progress and power and beauty come only through the channels of love and service and ministrations to others, and that those whose faith will not lead to a large venture must be content with small results. If the Guild of St. Barnabas is to be a living influence, it must reach out in the service of the

world and grow in usefulness and breadth of purpose. There is not a nurse in the society who will not be grateful for the privilege of sharing in the support of one from their midst in order that she may go where the need is greatest, and carry the light of science and systematic training to the sick and ignorant of the world. So if this undertaking should seem to some a burden placed on unwilling shoulders, remember that each one is at liberty to join or not, as she feels inclined, only let every member of the guild do what she conceives to be right, let each one give as she is able, and God's blessing will be on the gift in the far-off land and on the givers at home.

Among the social features of the visit were excursions to all places of interest in the city, a drive in the country, a pleasant resting-place at the Nurses' Club, and every means of enjoyment which courtesy and kindness could provide.

The day of the council ended with a most delightful reception at Mrs. James Y. Goodwin's, where papers were read by eminent physicians of Hartford.

It is hoped that next year the council will meet in Boston, and that the so-called inhospitable city will redeem its reputation by the warm welcome which it will extend to its guests.

M. S.

BOSTON BRANCH.—The meeting of the Boston Branch, held on the evening of Wednesday, October 28, at St. Andrew's Church on Chambers Street, was a most interesting one and largely attended. An opinion from the members as to the various subjects to be discussed at the guild was requested, and they were asked to say what they thought on the two objects for united work in the guild. Should the nurses turn their attention to some pension fund or something of that sort for their own benefit, or should they support a nurse in the mission field. It was difficult to obtain much information on this subject from the nurses themselves, although several associates spoke, and it seemed to be the general view of the meeting that one object need not necessarily militate against the other, as only five hundred dollars is needed to support a missionary nurse for a year. At last a motion was made and carried that the Boston Branch was in favor of the missionary project. It would be such a comfort if the nurses would only speak out a little more at such times. They are by no means dumb ordinarily, but impenetrable silence seems their choice when asked for an opinion at a guild meeting. At the religious service in the church we were addressed by the Rev. Daniel L. Addison, of Brookline, who spoke most interestingly on the sacrament of service, which he said was only second to the Blessed Sacrament, which he called the sacrament of nourishment. Having received this heavenly food we were filled with a desire to serve our fellow-creatures. Our social meeting afterwards was most enjoyable, and we were glad to welcome several long-absent members, notably Miss Hodgson, who was on her way to her new charge, the Malden Hospital.

ORANGE, N. J.—A very largely attended meeting was held in St. Paul's Church, Prospect Street, East Orange, at three-thirty P. M., October 29. In the absence of our chaplain the rector of the parish, the Rev. Mr. Taylor, conducted the service and made a short address, suggesting many beautiful thoughts on the "Mystery of Pain," showing how such seeming afflictions may be made into

real blessings. Three active members and one associate were received. We had the pleasure of making welcome three members from Passaic, two newly joining the guild and one being transferred from Brooklyn, though we may know them only to miss them, as a branch has been formed in Paterson which would be much more accessible, but we hope to keep them a short while anyhow, and in the meanwhile extend a hearty greeting to the newly formed branch. A business meeting followed the service, held in the Parish Room. Reports were received from the Committee on Work, two objects being suggested for the sewing meetings, to be held, as usual, once a month, the second Thursday. The Calendar Committee reported that the evidence of their labors would soon be in the hand of each member, who is again exhorted to keep the calendar where it can constantly be referred to, that there may be no excuses for lapses of memory. An important discussion was carried on concerning the ideas of the branch on the *united object* of the guild. Adherence seemed chiefly to be given to the idea of mutual help, a plea for which has already appeared in these pages. Refreshments were handed around by the ladies of the parish, and much enjoyed by all who were able to remain. Two active members, Miss Gallian and Miss Kapp, have removed to Seattle. A short farewell service was held at the Nurses' Settlement, Valley Street, which was very largely attended by the nurses who desired to wish them good-by. Miss Gallian is a graduate of some years' standing. Miss Kapp only graduated last year, and goes to Seattle to join her mother. An associate member has also a long journey before her, and goes to Arizona in a professional capacity. She expects to be there for some months. Miss Lotta Layton is now occupying the guild-room at the Nurses' Settlement, convalescing from a severe attack of typhoid fever.

FROM the *Spirit of Missions*:

"At a meeting of the Board of Missions on September 15 the appointment by the Bishop of Alaska of Miss Isabel M. Emberley as trained nurse at Skagway was formally approved, her stipend being provided in part by a pledge of the Woman's Auxiliary, and as to the remainder by a pledge of the bishop himself.

"After a farewell service in the chapel of the Church Missions House on September 9, Deaconess E. M. Elwin and Miss Jane S. Jackson, under appointment to the mission in the Philippine Islands, left New York that evening and sailed from San Francisco by the steamer Hong Kong Maru on the 19th of the same month.

"Besides these members of the Boston Branch we have in Alaska Deaconess Carter at Bishop Rowe's Hospital, to whom Miss Emberley goes, and Miss Lizzie Woods at Circle City. These, with Bishop Brent and Miss Katherine Murray, in Utah, make six from our branch in the last two years."



OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



IMPORTANT TO OFFICERS OF SOCIETIES

THE attention of officers of all organizations that send announcements and reports for publication in this department is called to the fact that all such communications should be sent to *my address*, and not to the Editor-in-Chief at Rochester or to the publication office in Philadelphia. Proceedings, to be of interest, should be reported immediately after a meeting has been held and sent on at once. This department of official reports goes to press usually on the 18th day of the month *preceding* the date of issue, but it sometimes happens that the pages are held a few days later for especial reports to come in, in which case any short reports that are in my hands can be given space, instead of being held over for a later number.

To young officers new to the work a word of advice may be acceptable. Condense all reports as much as possible. Do not abbreviate. Write out in full each time the name of the society, president, secretary, treasurer, etc. Use figures only for dates. Remember that to write on both sides of the paper is a literary crime. When you do this your report must be rewritten before being sent to the printer.

Leave a margin of an inch at the top and one side of every sheet.

Do not write a personal note to the editor on the same sheet which is to go to the printer. Sign name and address each time.

MARY E. THORNTON,

Editor of the Department of Official Reports,

120 East Thirty-first Street, New York City.

NEW YORK STATE NURSES' ASSOCIATION

THE following associations and individuals were accepted into membership at the semi-annual meeting of the New York State Nurses' Association, held in New York October 20, 1903:

Alumnæ Association of St. Luke's Hospital Training-School for Nurses; membership, 101: of the Brooklyn Hospital Training-School for Nurses; membership, 102: of St. Vincent's Training-School for Nurses, membership, 32: of the Training-School for Nurses of the German Hospital; membership, 77: of Training-School of St. John's Hospital, Brooklyn, N. Y.; membership, 37: and the Association of Nurses of Northern New York; membership, 24.

Miss Ida M. Wainwright, graduate 1902, Hahnemann Hospital, Rochester, N. Y.
Miss Margaret E. Reynolds, graduate 1902, Hahnemann Hospital, Rochester, N. Y.

- Miss Lillian E. Bickle, graduate 1902, Hahnemann Hospital, Rochester, N. Y.
Miss Maud L. Parkes, graduate 1901, Nathan Littauer Hospital, Gloversville, N. Y.
Miss Maud, or Marie, Schwartz, graduate 1898, Nathan Littauer Hospital, Gloversville, N. Y.
Mrs. F., or J. R., Fulton, graduate 1903, Nathan Littauer Hospital, Gloversville, N. Y.
Miss Ruth A. Hathaway, graduate 1900, Nathan Littauer Hospital, Gloversville, N. Y.
Mrs. Mary Werdeiman, graduate 1899, Nathan Littauer Hospital, Gloversville, N. Y.
Miss Maud Granger Tompkins, graduate 1902, St. John's Training-School, St. John's Hospital, Brooklyn, N. Y.
Mrs. Minnie J. Ledlie (John B.), graduate 1892, The Johns Hopkins Hospital, Baltimore, Md.
Miss Helen M. Nixon, graduate 1899, Metropolitan Hospital, New York City.
Miss Evelyn Nixon, graduate 1899, Metropolitan Hospital, New York City.
Miss Lillian D. Wald, graduate New York Hospital Training-School for Nurses.
Miss Sarah Bessie Palmer, graduate 1896, St. Luke's Hospital, Utica, N. Y.
Miss Ida Thomas, graduate 1898, Hahnemann Hospital, Rochester, N. Y.
Miss Julia E. Davern, graduate 1896, New York State Training-School of the Prospect Heights and Brooklyn Maternity Hospital, Brooklyn, N. Y.
Miss Catherine M. Carruthers, graduate 1894, Lady Stanley Institute, Ottawa, Canada; graduate 1900, Polyclinic Hospital, New York City.
Miss Mary Lee Watson, graduate 1900, St. Luke's Hospital, Utica, N. Y.
Miss Frida E. Aurell, graduate 1898, University of Pennsylvania Hospital, Philadelphia, Pa.
Miss Georgia L. Josh, graduate 1903, Hahnemann Hospital, Rochester, N. Y.
Mr. James Bernard Buckley, Class of 1902, Hahnemann Hospital, Rochester, N. Y.
Miss Emma Teresa Hogan, graduate 1896, St. Lawrence State Hospital, Ogdensburg, N. Y.
Miss Bessie Nesbitt, graduate 1898, State Hospital, Concord, N. H.
Miss Anna R. Korb, graduate 1898, Utica State Hospital, Utica, N. Y.
Miss Bertha Alma Underwood, graduate 1902, Women's Christian Association Hospital, Jamestown, N. Y.
Miss Sylvia Nell Williams, graduate 1898, Amsterdam City Hospital, Amsterdam, N. Y.
Miss Elizabeth Hogan, graduate 1893, St. Lawrence State Hospital, Ogdensburg, N. Y.
Miss Ella Underhill, graduate 1891, Bellevue Hospital, New York City.
Miss Florence M. Perry, graduate 1901, Amsterdam City Hospital, Amsterdam, N. Y.
Miss Mary Elizabeth McNally, graduate 1902, Poughkeepsie State Hospital, Poughkeepsie, N. Y.
Miss Jennie Louise Reynolds, graduate 1899, St. Luke's Hospital, Utica, N. Y.
Miss Ida Z. Thompson, graduate 1901, Protestant Episcopal Hospital, Philadelphia, Pa.
Miss Jane C. Mattingly, graduate 1898, Troy Hospital, Troy, N. Y.
Miss Christene Ronnenberg, graduate 1899, Women's Christian Association Hospital, Jamestown, N. Y.

- Miss Edith Emma Moore, graduate 1900, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Estella Hayes, graduate 1901, St. Luke's Hospital, Utica, N. Y.
- Miss Mary Stuart, graduate 1901, St. Luke's Hospital, Utica, N. Y.
- Miss Genevieve E. Drew, graduate 1901, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Melvina Seversage, graduate 1902, Women's Christian Association Hospital.
- Mrs. S. J. Keeler, graduate 1900, Women's Christian Association Hospital.
- Miss Edna E. Luce, graduate 1892, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Nettie Amelia Romans, graduate 1894, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Stella M. Jenkins, graduate 1900, St. Luke's Home and Hospital, Utica, N. Y.
- Miss Christina Sutherland, graduate 1899, Women's Christian Association Hospital, Jamestown, N. Y.
- Miss Mary F. Hood, graduate 1899, Rochester City Hospital.
- Miss Katherine C. Welch, graduate 1900, St. Luke's Hospital, Utica, N. Y.
- Miss Clara M. Hartley, graduate 1903, Hahnemann Hospital.
- Miss Louisa J. Knorr, graduate 1897, Hahnemann Hospital.
- Miss Anna Mae Miller, graduate 1900, Amsterdam Hospital.
- Miss Frances McCurdy, graduate 1895, University Hospital, Philadelphia, Pa.
- Miss Minnie A. Ketcham, graduate 1896, Bellevue Hospital, New York City.
- Miss Katherine C. Knorr, graduate 1893, Hahnemann Hospital.
- Miss Sarah Moore Delaney, graduate 1897, New York City Hospital.
- Miss Anna F. Burns, graduate 1903, St. Barnabas Hospital, Jersey City, N. J.
- Miss Mary Luella Burns, graduate 1896, Amsterdam City Hospital, Amsterdam, N. Y.
- Miss Lydia E. Coakly, graduate 1892, Connecticut Training-School.
- Miss Alice R. Hayes, graduate 1900, St. Luke's Hospital, Utica, N. Y.
- Miss Mary Eleanor McKenzie, graduate 1899, St. Luke's Hospital, Utica, N. Y.
- Miss Geneva C. Burhaus, graduate 1899, City of Kingston Hospital, Kingston, N. Y.
- Miss Caroline Evans, graduate 1898, St. Luke's Hospital, Utica, N. Y.
- Miss Agnes McInnes, graduate 1898, New State Hospital, Morris Plains, N. J.
- Miss Eva V. Kay, graduate 1898, Hahnemann Hospital, Rochester, N. Y.
- Miss Helen Mills, graduate 1902, Hahnemann Hospital, Rochester, N. Y.
- Miss Elizabeth H. Stahl, graduate 1891, Methodist Episcopal Hospital, Brooklyn, N. Y.
- Miss Caroline A. Dockstader, graduate 1901, Amsterdam Hospital, Amsterdam, N. Y.
- Miss Alma G. Clark, graduate 1902, Hahnemann Hospital, Rochester, N. Y.

An application received from Miss Emma E. Hild, resident in Pennsylvania, has been declined, and applications from eleven individuals and three Alumnae Associations were, unfortunately, received too late to be presented for consideration.

JESSIE MCCALLUM, Secretary,
Post-Graduate Hospital, New York.

TO THE NEW YORK STATE NURSES

THE following circular letter has been issued by the secretary of the New York State Nurses' Association:

"It is the earnest wish of the New York State Nurses' Association that every nurse eligible for registration shall make application at once to Mr. J. R. Parsons, Jr., secretary of Regents, Albany, *for an application blank* (no charge whatever for this).

"In order to facilitate the further steps of registration, a delegate was appointed at the semi-annual meeting to inquire into some seemingly obscure points regarding the application blank.

"The following information was given by Mr. Parsons:

"It is not necessary to send diplomas to Albany, although the Regents have the right to ask any doubtful applicant to forward her diploma. A fee of five dollars and a photograph must accompany the blank when it is returned.

"The applicant swears before a Justice of the Peace, Notary Public, or Commissioner of Deeds that what she has written on the blank in reply to the questions is true and that the enclosed photograph is hers, and signs her name.

"It is not necessary to show diplomas or photograph to the aforesaid Justice of the Peace, Notary Public, or Commissioner of Deeds.

"The physician is requested to fill in the spaces in the certificate of good moral character and to sign his name in the first of the three spaces for signatures required. The two nurses follow with their signatures, adding after their names the number of years they have known applicant.

"Give only the information asked for on the blank.

"Letters of recommendation are not called for.

"Regarding the training-school blanks, it is not necessary for a training-school to be incorporated. The clause which reads 'make only the allowance specified, etc.' refers to schools which make some allowance to pupils who may have had some previous training for the work. Such allowance, if any, must be specified on the back of the blank.

"JESSIE MCCALLUM, Secretary,
"303 East Twentieth Street, New York."

SPANISH-AMERICAN WAR NURSES

REPORT OF THE GATHERING AT NEW HAVEN, CONN., SEPTEMBER 28-30

IN response to the invitation extended by the Spanish War Veterans to join them in the social features of their annual encampment, between thirty and forty nurses assembled in New Haven. The long and enthusiastically greeted parade was the success of Monday afternoon, and in the evening addresses of welcome were delivered to a large assemblage in Woolsey Hall. After these exercises the Governor of the State and his staff received the guests of the city, and later in the evening the War Nurses were entertained informally by the officers of the Spanish War Veterans at their headquarters.

Tuesday morning the nurses were shown over Yale University and Peabody Museum under the escort of a member of the faculty. After a pleasant luncheon at the hotel head-quarters the nurses joined the Veterans and their Auxiliary in a trolley-ride tendered them by the Business Men's Association, and all the points of interest in and near the city were viewed from the cars and described by a guide in each car. From eight to ten that evening all participated in a delightful reception tendered the society by the Alumnae Association of the

Connecticut Training-School at New Haven Hospital. From ten to eleven-thirty the nurses enjoyed the entertainment given by the Veterans at their "camp-fire."

Wednesday morning an informal meeting was called by the president to discuss the affairs of the society. It was the unanimous desire of all the members present that a certain style of uniform should be adopted by the society for wear on all appropriate occasions. The matter was placed in the hands of a committee, which is to report to the Executive Committee. A simple and inexpensive uniform with a distinctive cap and brassard was generally approved, and the wish was expressed that a similar one should be planned in time for wear at the next meeting. The purchase of a flag or banner was also discussed. Following the line of work proposed by the president in her annual address, committees were selected to represent the hospitals of 1898 in preparing the record of nursing in the war. Another topic discussed was the next meeting of the society, which is to be held in St. Louis, and the Executive Committee was unanimously requested to place the date of the meeting in the week beginning September 26. As the gathering was an altogether informal one, and not a regular meeting of the society, no business was transacted, but, as above stated, several suggestions were made for the consideration of the Executive Committee.

Wednesday afternoon a foot-ball game between Yale and Tufts College was enjoyed, and in the evening the nurses were guests of the Hyperion Theatre to witness "The Virginian." Thus closed three days, every minute of which was keenly enjoyed, and everyone returned home with the feeling that this little holiday had been a benefit as well as a pleasure.

ANITA NEWCOMB MCGEE, President;
LELA WILSON, Recording Secretary.

REPORT OF THE HOSPITAL ECONOMICS COURSE FOR THE MONTH OF OCTOBER, 1903

THE students registered for the course are as follows: Minnie H. Ahrens, Grace E. Baker, Helen Balcom, Annie M. Coleman, E. A. Douglass, Isabella Emma Jewell, F. Madeline Shaw, Helen W. Kelly, Mathild H. Krueger, Christina MacLennan, Susan G. Parish, Mary H. Paterson, Winona Peterson, Marie M. Stotz, Mary C. Wheeler.

Miss E. A. Lampman and Miss Lucy G. Van Horn withdrew their names at the time of registration, it being impossible for them to complete their arrangements.

Miss Mathild Krueger, of the Illinois Training-School, has reentered, to complete the course which she began last year.

Following the schedule of our course the students have taken from the elective courses biology and physical education, domestic science 14, physical education 10, and domestic science 13. All but one are taking bacteriology, and all but three are taking domestic science 10. A number are taking physical education 1,—gymnastics, the elementary course,—which gives them an hour's exercise twice a week. The students are allowed to enter as auditors domestic science 11 and 12; as this is lecture work, it helps them with their other studies, but gives them no extra work to do and counts for no credit.

Domestic science 13 has not been taken by these students since the first year of our work. It is being given now in a practical way (for the first half-year), which will aid them in their study of hospital construction, including lighting, heating, ventilation, water supply, and disposal of waste.

We have taken up our work at the Speyer School with a class of twenty pupils—the same class of pupils that we had last year. The hospital economics students have planned a very good course of lessons to meet the conditions found there. This course will be given in detail next month in the report. The students are very enthusiastic about this work.

Upon the withdrawal of Miss Allerton from her lecture course to this class Miss Goodrich has consented to take her place. As this work will be given this year in connection with domestic science 13, it will be more directly applied to the essentials for hospital work. The subjects will be as follows:

Lecture 1, "General Hospitals and Accessory Departments."

Lecture 2, "Special Hospitals."

Lecture 3, "Hospital Equipment."

The first course of lectures will be given by Miss Nutting the second week in November.

The places visited for the month have been the Presbyterian Hospital, Manhattan State Hospital, St. Mary's Free Hospital for Children, Bellevue Hospital, and one session of the New York State Meeting.

Money received for the course this month has been ten dollars from Mrs. Gretter and three dollars and fifty cents from the Old Dominion Alumnae Association.

The students so far have enjoyed their work very much, and seem fully to appreciate why they are here. Being a large class, the class spirit is more developed than heretofore; they have organized as a class, and have their president and secretary, and in this way will be represented in the college functions.

All the students board at the dormitory, and in every respect it promises to be a satisfactory year.

ANNA L. ALLINE.

November 5, 1903.

NURSES' SOCIETY OF THE COUNTY OF NEW YORK

A LONG-TALKED-OF, much-needed movement is on foot, the organizing of all the isolated societies in New York County into one large body. The question arises how to do this without disturbing all that has been accomplished heretofore and without creating an entirely new organization. In a way, to make it serve to hold that which is already formed and strengthen it as only one large organization with definite aims and purposes can, the following letter has been sent to the presidents of the societies in New York:

"To the Alumnae Association of —, Miss — —, President.

"MY DEAR MADAM PRESIDENT: At the meeting held at 120 East Thirty-first Street on Monday, October 26, to discuss the advisability of creating a society of the nurses in the County of New York and to consider the method of forming such an association the following points were brought out:

"1. That there should be a forum where the many questions and problems (constantly arising through the rapid evolution of the profession of nursing) demanding answers and solutions may be propounded and expounded; that said matters are often not pertinent to what should constitute the routine of business at the deliberations of the New York State Nurses' Association.

"2. That it is conceded by the majority that the proper form of representation in the State society is by regularly elected and instructed delegates from the county association. Therefore it would seem wise to consider the forming of such an association as speedily as possible.

"3. Should the organization be formed and put into motion at once, that it be composed of delegates from already organized bodies, the number of such delegates to be one for every ten members of each affiliating society. That the county association shall in turn send these delegates to the meetings of the State society, or that the membership in the county be a representation of one for every five members of each affiliating society, and the county to then elect one in ten as delegates to the State association.

"4. It is recommended that the first meeting of such society be held on the first Monday of January, 1904, and after that meeting, which will be more or less devoted to perfecting the organization, that there be held four meetings in each year, viz.: in the months of March and May, in order to precede and follow the annual meeting of the New York State Nurses' Association, the other two to be held at such times as the societies may find necessary; that these meetings shall be held at eight o'clock in the evening on the first Monday of the months designated in such locality as shall be most convenient for the members, until such time as the county shall have its own headquarters, which, when we consider that there are eight thousand nurses in New York, ought not to be far distant.

"May we ask that you place the foregoing statement before your association, either at the stated meeting following the receipt of this communication or at a special meeting called for the purpose of considering the subject, in order that your delegates may be advised of your society's wishes in this very important matter and instructed to appear and present said views and wishes at the meeting to be held on the first Monday of December in the Training-School parlors of the New York Hospital, 8 West Sixteenth Street?

"At this meeting the secretary pro tem. will have on file copies of reports from the several county associations already formed in nursing centres. During the interim any propositions individuals or societies may wish to have filed may be sent to

"MARY E. THORNTON, Secretary pro tem.,
120 East Thirty-first Street.

THE EUROPEAN PARTY

PLANS for the European trip thus far perfected include Naples, Genoa, Pisa, Florence, Venice, Milan, the Italian Lakes, Switzerland, the Rhine, Germany (Cologne, Dresden, Berlin, Potsdam), and as much of the surroundings of Paris and London as can be managed.

This itinerary is, in a measure, dependent upon the date set for the International Congress, which, rumor tells, is fixed for the first week in June, 1904; however, no official notice to that effect has come.

In the event of there being a very large party a special sailing might be arranged for, but if there should be only, say, twenty-five, this, of course, could not be done. The present outlook is for a large number, and there would seem to be every reason to suppose all plans might be easily carried out. Every one wishes, or should wish, to go to Europe, and the congress offers an exceptional opportunity that we should embrace.

A nurse who has been visiting London recently writes that she has petitioned that the "Old Curiosity Shop" may not be razed until we have seen it.

Apply to

MISS M. E. THORNTON,
120 East Thirty-first Street, New York City.

TEACHERS COLLEGE, COLUMBIA UNIVERSITY, NEW YORK

THE Class in Hospital Economics, Teachers College, numbers fifteen members this year. The work is now well under way, and the students already realize that the opportunities offered are far beyond their anticipations.

The subjects elected for the course of study are all proving of the greatest interest and value, and are so correlated as to give a most practical knowledge of their use.

The subjects are as follows: Psychology, biology, anatomy and physiology, domestic science, and hospital economics. From psychology the class feels a great gain in a knowledge of human nature and a better appreciation of how to deal with problems of daily life.

It may be of interest to some to know of Dr. Thorndike's book, "The Human Nature Club," which is so well adapted to help those not familiar with the subject.

The lectures and demonstrations given in biology, anatomy and physiology, and in domestic science are felt by the students to be giving them a deeper and broader conception of their meaning and importance in relation to all the work of a nurse.

The time given to the subject of hospital economics is devoted to lectures and discussions of hospital and training-school management and the methods in use. This period is always intensely interesting and advantageous.

We have the opportunity of practice teaching at Speyer School Settlement, where a class of young women are given instruction in home nursing.

The weekly hospital excursions are proving most beneficial. We appreciate the courtesies shown the class by the superintendents of the hospitals visited, in all of which we have been most cordially received. It is of inestimable benefit to us of lesser experience to meet such able representatives of the nursing profession.

Not only is the work at Teachers College a great help to us as nurses, but the daily association with students of other courses tends to give us wider interests.

MINNIE H. AHRENS, Class Secretary,
1230 Amsterdam Avenue.

PENNSYLVANIA STATE MEETING

THE meeting for the completion of the organization of the Graduate Nurses' Association of the State of Pennsylvania was called to order at the Hotel Schenley, Pittsburg, on October 5 and 6, 1903, at nine-thirty A. M.

The opening prayer was made by the Right Rev. Cortland Whitehead, of Pittsburg, followed by an address of welcome by Dr. Percival Eaton, also of Pittsburg.

Response by Miss Brobson, of Philadelphia, chairman.

The first session was taken up with the adoption and signing of the constitution by about eighty nurses.

The first address was made by Miss Allerton, chairman of the New York State Legislative Committee, who gave an interesting talk on organization work and also many valuable hints.

The afternoon session was fully taken up by the adoption of the by-laws.

On the second day an address was made by Miss Sophia Palmer, Editor-in-Chief of THE AMERICAN JOURNAL OF NURSING, who supplemented Miss Allerton's address. The reports of the various committees were read and approved.

Resolutions of thanks were tendered to Bishop Whitehead for his opening prayer, Dr. Percival Eaton for his cordial welcome, the nurses of Pittsburg for their entertainment, Miss Allerton and Miss Palmer for their address and help, and to the management of the Hotel Schenley for the use of rooms in which to hold their meetings.

The permanent officers for the year elected were:
 President, Miss Anna E. Brobson, Philadelphia, Pa.
 First vice-president, Miss Curtis, Phoenixville, Pa.
 Second vice-president, Miss McKee, Johnstown, Pa.
 Secretary, Miss Ida F. Giles, Pittsburg, Pa.
 Treasurer, Miss A. M. Shiels, Philadelphia, Pa.

Board of Directors—Miss Lucas, Philadelphia, Pa.; Mrs. Burgess, Pittsburg, Pa.; Miss Molloy, Philadelphia, Pa.; Miss Collins, York, Pa.

The next meeting of the association will be held at Harrisburg on Wednesday and Thursday of the third week in January.

Much gratification is felt on account of the enthusiasm displayed on the subject of organization by the nurses, doctors, and the general public.

The meetings have so far been largely attended, and reports from outlying districts are very encouraging, several county societies having been formed preliminary to entering the State Association.

It is hoped that before the next meeting several hundred new members will have been enrolled.

A full report of the meetings printed in pamphlet form may be had for ten or fifteen cents upon application to

Mrs. GEORGE LOEFFLER,
 Chairman Press and Publication Committee,
 5165 Woodward Street, Pittsburg, Pa.

RULES AND REGULATIONS OF THE NURSES' EXAMINING BOARD OF GRADUATE NURSES OF THE STATE OF VIRGINIA

SECTION 1. All nurses must obtain, either by letter or in person from the secretary and treasurer, the application blanks for certificates as registered nurses, and must file said form, duly filled and attested, with the secretary at least fifteen days before date of examination.

SEC. 2. *Application for Certificate as Registered Nurse:*

"I hereby apply for a certificate as registered nurse in the State of Virginia and inclose the following proofs and fee as required by laws of 1903:

- "1. Certificate of moral character.
- "2. Evidence of professional training and experience.
- "3. Certified check, post office order, or express money order for five dollars."

(Cancel words not applying.)

Make checks, drafts, etc., payable to secretary and treasurer of Nurses' Examining Board of Virginia.

Signature of applicant,
 Post-office address,

QUESTIONS AND ANSWERS.

1. Full name?
2. State age at graduation?

3. Legal residence?

4. Give the date and source of each credential which you hold, including both preliminary education and professional training.

5. Are you a member of the *alumnæ* association in connection with the training-school of which you are a graduate? Or are you a member of any local nurses' association in the State of Virginia?

6. In what months and years and in what institutions have you studied nursing?

7. How many years, where, and in what capacity have you practised nursing?

I desire to apply for a certificate { Without examination.
With examination in practical nursing.
With full examination.
(Cancel words not applying.)

AFFIDAVIT.

STATE OF VIRGINIA, } ss.
COUNTY OF }

— — — being duly sworn, says that — — — is the person who is referred to in the foregoing application for certificate as registered nurse in the State of Virginia; that the statements therein contained are in own handwriting and are strictly true in every respect; that — — — has complied with all requirements of the law, and that — — — *has read and understood this affidavit.*

— — — (Signature of applicant.)

Sworn to before me, this
day of — — 190

— — — { Justice of the Peace.
Notary Public.
Commissioner of Deeds.
(Cancel titles not applying.)

CERTIFICATE OF GOOD MORAL CHARACTER.

(Signed by a physician in good standing, and by two graduate nurses eligible for registration.)

This certifies that I have been personally acquainted with — — — for — — — years; that I believe — — — to be truthful, reliable, and of good moral character, and I hereby recommend — — — to the State Board of Nurses as entirely worthy to receive a certificate as registered nurse in the State of Virginia pursuant to law.

— — — P. O. Address,
Graduate (in the year) of
— — — P. O. Address,
Graduate (in the year) of
— — — P. O. Address,
Graduate (in the year) of

SEC. 3. Candidates in turning in their papers to the examiner-in-charge must sign them, not with their names, but with the numbers assigned them by the secretary, which numbers are to be known only to the parties and the secretary, and by which numbers only are the papers to be examined and marked by the examiners.

SEC. 4. Each candidate is expected to sign a pledge to the effect that he or she has neither received nor given information on any of the subjects under examination during the time of the examination.

SEC. 5. Each candidate will have a table or desk assigned him by number, and he is expected to occupy only that desk during the examination.

SEC. 6. Candidates are not allowed to leave the hall after once entering it until they have handed in their papers relating to the subject then on the blackboard. Furthermore, they are not allowed during the progress of the examination to communicate with each other verbally or by notes or signs.

SEC. 7. Visitors will not be allowed in the hall during the examinations, except by official invitation of the board, and under no circumstances will they be permitted to communicate with or interrupt the candidates during the time of examination.

SEC. 8. The Nurses' Examining Board of Virginia desires to reciprocate with the boards of other States, but deems it necessary for its own protection that every applicant claiming such recognition shall present with his or her petition a diploma from a reputable general hospital, together with an attested certificate from a State Nurses' Examining Board having same requirements as our board, and shall pass a satisfactory oral examination before a committee of the board. Having complied with these requirements, a certificate will be issued on payment of the usual fee.

SEC. 9. The Nurses' Examining Board of Virginia declines to recognize the diploma of any training-school which does not conform to the requirements of the Association of Graduate Nurses of Virginia.

SEC. 10. Examinations, both written and oral, in medical, surgical, obstetrical, and practical nursing will be held semi-annually, spring and fall. Due notice of date and place will be given through the local press and professional journals.

NOTICE TO ALUMNÆ ASSOCIATIONS

THE price of "Congress Transactions" has been reduced to *one dollar* per volume, and all alumne associations that have not already purchased them are earnestly urged to do so.

Many associations responded to the appeal from the Associated Alumne last April and invested a sum represented by ten cents per capita of their membership in copies of "Congress Transactions" and retailed them to their own members at the cost price, but there are associations from whom a reply has not been received, and to such the appeal is repeated.

Any desired information will be furnished and orders will be taken by the treasurer, Miss Tamar E. Healy, 160 Joralemon Street, Brooklyn, N. Y.

THE JOURNAL STOCK

SO MANY inquiries are being made in regard to stock in THE AMERICAN JOURNAL OF NURSING Company that we are authorized to announce that letters asking for information should be addressed to the president, Miss M. E. P. Davis, Boston Insane Hospital, New Dorchester, Boston, Mass., and that checks should be made payable to the treasurer, Miss Mary M. Riddle, 745 Massachusetts Avenue, Boston, Mass. This stock is held entirely by individual nurses and alumne associations.—Ed.

REGULAR MEETINGS

BUFFALO.—The regular monthly meeting of the Buffalo Nurses' Association was held in the Guard of Honor Rooms November 2, Miss Owen, president, in the chair. The business of the day was the appointment of a delegate to the New York State Federation and the discussion of the proposed changes in the by-laws. Miss Sylveen Nye was chosen to represent the association in Utica next week, Miss Josephine Snetsinger and Miss Mary Louise Drake alternates. The notice of change in the by-laws was as follows:

"It is proposed to change the number of the quorum of the Buffalo Nurses' Association from fifteen to nine. The request was posted in the club-room at 77 West Eagle Street on September 7 and is signed by Miss Snetsinger, Miss Greenwood, Miss Marsden, Dr. Oliver, Miss M. K. Benham. (See by-laws, Article I., Section 1.)

"It is further proposed, and the notice was posted September 8 in the club-room at 77 West Eagle Street, to admit married nurses to the Association *without* compelling them to subscribe to the Sick Benefit Fund. Signed by Miss Grovenbury, Miss Greenwood, Miss Owen, Miss Overton, Miss Rothfuss. (See by-laws, Article VIII., Section 1.)"

Each proposed change was discussed at length, the matter being finally held over to the next meeting. The trades school project was briefly touched upon, the general expression of the house being in favor of a trades school rather than scholarships. The Programme Committee in asking to be discharged reported the yearly programme issued October 17. Something to attract and draw the members together was desired, so there has been introduced some subjects in rather lighter vein, arranging them in alternation with the more scientific subjects. At the conclusion of the business meeting Dr. DeWitt G. Wilcox gave a very interesting lecture on "Surgical Emergencies" which was much enjoyed. At the close of his address the members passed a vote of thanks to Dr. Wilcox and expressed the hope that they might hear him again, after which the meeting adjourned.

CINCINNATI.—In the latter part of May, 1897, the following notice appeared in the Cincinnati papers: "All graduate nurses interested in forming a nurses' association are invited to meet at the Presbyterian Hospital, West Sixth Street, at eight P.M.," and was signed by Olive Fisher, Mary Hamer Greenwood, J. Della Hall, Josephine Osborn. Thirty nurses responded to this call. A thorough discussion of the need of organization among the nurses of Cincinnati was followed by a motion, which was carried unanimously, that an association to be known as "The Graduate Nurses' Association of Cincinnati" be formed. At a subsequent meeting officers were elected, a constitution and by-laws adopted, and a permanent organization effected. The first directory for nurses in Cincinnati was established by the Society of the Cincinnati Training-School for Nurses. When this society ceased to take an active part in nursing affairs the directory was managed for a short time by the Academy of Medicine. One of the first things attempted by the newly organized association was the establishment of a central directory. This was successfully carried into effect and has been maintained and governed by the association since that time. At the regular monthly meetings, which as a rule are always well attended, papers of general interest to the profession are read and discussed. The winter of 1902 and 1903 was de-

voted to the study of the charitable organizations and settlement work at Cincinnati. Of especial interest was an open meeting at which Dr. William Crane, of the Board of Health, spoke on the following subject, "How the Graduate Nurse can Coöperate with the Board of Health." This winter the work outlined is to deal with the subjects of "State Association" and "State Registration." The association has eighty members in full standing, and has been the means of bringing about active coöperation among the members of the nursing profession in Cincinnati.

BUFFALO.—The Erie County Alumnae on the evening of November 13 held a "measuring social" at the home of Dr. and Mrs. F. W. Filsinger for the benefit of the alumnae. Members and their friends received cards bearing the concise quotation with the invitation:

"Three cents for every foot you're tall,
We'll measure you on door or wall:
Two extra cents for each inch give,
And thereby show how high you live."

Guests and their friends were received by Mrs. Filsinger and Miss Keating, and then made merry over being measured and at some guessing and modelling games, which were quite unique, after which the Social Committee, consisting of Misses Jennie Cox, Lillian Dark, and Mrs. Gustin Welch, assisted by the hostess, Mrs. Filsinger, served dainty refreshments.

PHILADELPHIA.—The Philadelphia County Nurses' Association held its regular monthly meeting on Wednesday, November 11, 1903, at three p.m., in the rooms at 108 South Eighteenth Street, Philadelphia, Pa., Miss Ramsden, first vice-president, in the chair. Regular routine business was transacted. On motion of Miss Milne, seconded by Miss Montgomery, the new rooms will be taken for a year, to be rented monthly. Wednesday, November 18, will be "Donation Day," when any articles suitable for furnishing rooms will be gratefully accepted by the Room Committee. The following committee was appointed by the chair to work up the interests of State registration. Miss Allen, chairman; Miss Brobson, Miss Dunlop, Miss Payne, and Miss Malloy. The resignation of Mrs. Mabel G. Anders was accepted with regret. The Misses Spackman, Payne, Bosser, Bettig, and Rayer were admitted into membership. The name of Miss Whitaker was presented to the association.

BUFFALO.—Miss Frances Black, the new superintendent of the Buffalo Homœopathic Hospital, gave a charming tea in the parlors of the hospital from four to six on the afternoon of October 20 in honor of Miss Snetsinger, the retiring superintendent of nurses. The quaint old rooms were gay with palms and autumn flowers and festoons of red satin ribbons, the class color for the fall graduates. Miss Black was assisted in receiving by Miss Sylveen Nye and Miss Mary Louise Drake, the tea-table being presided over by Miss Damer and Mrs. A. J. Martin. Many friends of the hospital were present, members of the Training-School Committee, Junior Board and staff, superintendents and nurses from other schools, and the majority of the Homœopathic graduates. All came to have a parting word with Miss Snetsinger and to leave a hearty welcome for Miss Black.

BROOKLYN.—The October meeting of the Methodist Episcopal Alumnae was held at the hospital. Mrs. William B. Leverick, *née* Mabel O. Harding, was elected treasurer of the endowment fund. The president announced that the Executive Board had considered the association's communication concerning the endowment of a room in the hospital, and had appointed a committee—consisting of Dr. Kavanagh, Mr. Bently, and Dr. Lewis S. Pilcher—to meet the alumnae. The association voted that a committee of seven be appointed by the chair to confer with said committee. Dr. Kavanagh and Mr. Bently were present and expressed their appreciation of our generosity and discussed some of the points to be seriously considered. The board unhesitatingly agreed to sign a contract between the hospital and the Alumnae Association.

PHILADELPHIA.—The regular monthly meeting of the University Hospital Alumnae was called to order at three P.M. by the president, Miss Rudden. Seventeen members responded to the roll-call. The E. R. Fund shows a steady increase, which is very gratifying. It is to be hoped that our members will recognize the advantage gained by attending lectures at the hospital, for which Miss Smith has given permission. A report of the meeting of the State Society at Pittsburg was read. Miss A. E. Brobson urged the hearty coöperation of each member in the work undertaken. Five new members were admitted, Misses Doolittle, Gordon, McGill, Ritter, Clay. One name was proposed for membership. Then followed an animated discussion on various topics and adjournment of a most enthusiastic meeting.

PROVIDENCE, R. I.—The Rhode Island Hospital Nurses' Club met at the George Ide Chace Home for Nurses, November 10, the subject for the evening being "New Fields of Nursing Work." Miss Elizabeth F. Flemming, matron of the Union Hospital, Fall River, Mass., gave an interesting description of the preparatory course of the Training-School connected with that hospital. Miss Margaret J. MacPherson read a paper on "Army Nursing," Miss Ruth E. Miller on "Settlement Work," Miss Bertha G. Perry on "Tenement House Inspection," Miss Annie L. Bamford on "School Nurses." The papers were carefully prepared and were appreciated by those present. The parlors were well filled with graduate and pupil nurses. Refreshments were served after the programme. A pleasant and profitable evening.

TORONTO.—The annual meeting of the Alumnae Association of the Toronto General Hospital School for Nurses was held in the lecture hall of the residence on Tuesday, October 20, at three P.M., when the following officers were elected for the ensuing year: President, Mrs. Paffard; secretary, Miss Hartley; treasurer, Miss Dougal; first vice-president, Miss Stewart. All these officers were elected by acclamation. Mrs. McPherson was elected second vice-president and Mrs. Winchester director. The meeting was well attended, and several committees were elected to look after the work for the ensuing season. Before the close of the meeting Miss Snively, honorary president, was presented with one of the pretty gold and enamel badges recently adopted by the society.

BOSTON.—On Tuesday, October 27, being the annual meeting of the directors and managers of the New England Hospital for Women and Children, the hospital buildings were opened to the public. The stockholders of the Nurses'

Club-House offered their rooms to the directors and their friends for their annual entertainment. The main hall and double parlors were prettily decorated, and tea was served from four to six. There were about seventy-five persons present. Everyone was pleased with the Club-House arrangements. A very pretty party was given by the pupil nurses at the Lucy Goddard Home on Saturday, October 31 (Hallowe'en night). There were many youths and maidens prettily and grotesquely attired. The inmates of the Club-House were invited.

TORONTO.—The Alumnae Association of the Nurses of the General Hospital of Toronto had a most enjoyable reception on the afternoon of October 15. A number of nurses, past and present, had the opportunity of meeting each other, some of them representing the Class of 1886, whom the younger students were glad to meet, which rendered the gathering one of peculiar interest. The guests were received by Mrs. Pafford, president, and Miss Green. Miss Snively also received the guests, and was most kind in introducing her old and new friends. The tea-table was charmingly decorated in rose silk, with pretty ornaments of roses, carnations, and ferns. An orchestra played during the reception, which was a very successful one in every way.

NEW YORK.—The Alumnae Association of the New York City Training-School held its regular meeting at the Academy of Medicine, 17 West Forty-third Street, Tuesday, October 10, at three p. m., the president in the chair. After the reading and approving of the minutes announcement was made of the recent death of Mr. C. P. Armstrong, husband of one of our most interested members. It was moved that a letter of condolence be sent to Mrs. Armstrong. A very interesting lecture was given by Dr. De Santos Sax on "Pulmonary Tuberculosis." Will the members of this Alumnae Association upon changing their addresses please notify the secretary? She will also esteem it a personal favor if news items of general interest are sent to her address.

NEW YORK.—The regular monthly meeting of the Alumnae Association of the New York Hospital was held in the lecture-room November 11. There was a large attendance, and a noticeable feature was that nearly half the number were those in hospital positions. Miss Mary A. Samuel is the newly appointed secretary to serve for the unexpired term of Miss Alice MacDonnell, resigned. Misses Goodrich, Clarke, and Frederick were reappointed a committee with discretionary power as to the forming of a county association for nurses. The resignation of Mr. Geo. S. Bowdoin from the Advisory Board and as trustee of the "Fund for Sick Nurses" was accepted with much regret. Mr. Herman H. Cammann was unanimously elected to fill both offices.

BROOKLYN.—The regular monthly meeting of the Brooklyn Hospital Alumnae was held Tuesday afternoon, November 3, and was very well attended. A letter from the Woman's Auxiliary of the hospital was read announcing that on January 1 the position of superintendent of the school would be filled by Miss Mary Ard MacKenzie, a graduate of the University of Toronto and the Massachusetts General Hospital. After the business meeting matters in regard to the Fair were discussed with great interest. This Fair will be held in Cleremont Hall November 19 and 20, and it is earnestly urged that all the graduates interest themselves in it not only by attending the Fair, but in contributing to it articles for sale.

PITTSBURG.—At the annual meeting of Allegheny General Hospital Nurses' Alumnae Association, held at the hospital November 2, the following officers were elected for the ensuing year: President, Miss Maude Brown; vice-president, Miss Sara Trimble; treasurer, Miss Helen Hendrickson; recording secretary, Mrs. O. V. Dalzel; corresponding secretary, Miss Isabel Chaytor. The meeting of the Superintendents' and State Associations in Pittsburg in October seems to have aroused a little enthusiasm in some of our members, who have heretofore taken no active part in our association, and the prospect for interesting meetings this year seems to be very favorable.

BOSTON.—The ninth annual meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses was held in the Thayer Library on Tuesday, October 27. Thirty-eight members answered to the roll-call and fourteen new members were elected. The suggestions of the Committee on Plans for the winter were carefully considered and adopted as follows: The Alumnae Association will give a dinner to the graduating class, will hold every other meeting in the evening, will have one lecture on current events, and one theatre party. Refreshments were served and the social part of the meeting very much enjoyed.

CINCINNATI.—The regular monthly meeting of the Graduate Nurses' Association was held at the City Hospital the last Wednesday in October. Interesting reports from the meeting of the Superintendents of Training-Schools in Pittsburg and from that of the Hospital Superintendents, held the week previously in Cincinnati, were read. An animated discussion upon State registration followed, and it was decided that the call for a general meeting for Ohio nurses to discuss this subject be sent out by the Graduate Nurses' Association of Cincinnati in the near future.

SOUTH BETHLEHEM, PA.—The annual meeting of the Alumnae Association of St. Luke's Hospital Training-School for Nurses was held at the hospital on October 17 at two P.M., twelve members being present. After the routine work had been completed and the election of the officers for the ensuing year, seven of the graduates, having applied for membership, were admitted as active members. The meeting then adjourned to attend the graduating exercises held in the new Sayre Pavilion. At five o'clock the alumnae entertained the graduates and their friends at a social tea.

BOSTON.—The Boston Nurses' Club, 755 Boylston Street, had a very enjoyable Hallowe'en party. The orthodox cake, with its ring, button, thimble, and coin, afforded much amusement. By ways ancient and modern we tried to rend the veil of the future and find what fate holds in store for us. The cordial greetings of the Entertainment Committee, the pretty decorations, the cheery music, and old-fashioned supper gave the seventy present some fragrant chips for "The Winter's Fire." The club looks forward to a pleasant and profitable season.

BROOKLYN.—The regular meeting of the Alumnae Association of the Long Island College Hospital Training-School for Nurses was held at the registry on Tuesday, November 10, the president in the chair, and a very large number of nurses were present. Two new members were received into the association.

A revision of the constitution and by-laws was read over, to be adopted at the next meeting. At the close of the business meeting a very interesting paper was read by the president on the subject of State registration for nurses.

CLEVELAND, O.—The Graduate Nurses' Association of Cleveland held its regular monthly meeting on Tuesday, October 27, in the Young Men's Christian Association building. There was considerable discussion as to the formation of a central registry bureau, and Dr. Dudley P. Allen addressed the society upon the topic. The matter was referred to a committee with instructions to report at the next meeting, the nurses chosen being Misses Sutherland, Lewis, and Wright.

CHICAGO.—The monthly meeting of the Alumnae Association of the Illinois Training-School for Nurses was held October 13, 1903. The question of the Alumnae Association holding stock in THE AMERICAN JOURNAL OF NURSING was discussed. The result was to vote five hundred dollars to be invested in five shares of JOURNAL stock. The plea for greater consideration for alumnae officers, made by Miss Isabel McIsaac, was most worthy of note.

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnae Association of the Presbyterian Hospital in Philadelphia was held November 5, at three P.M., in the hospital. There were sixteen members present. Miss Milne, the president, called the meeting to order. After the routine business of the meeting Miss Close, delegate to the Pennsylvania State Nurses' Association, read her report. A discussion of State registration followed.

NEW YORK.—At the annual meeting of the German Hospital, held on November 4, the following officers were elected: President, Miss Frances Grabon; first vice-president, Miss W. Augenstein; second vice-president, Miss Bertha Rahn; secretary, Miss Mathilde Hayn; assistant secretary, Miss Emilie Hayn; treasurer, Miss J. Kritznier; Executive Committee—Miss Emma Dunsing, Miss Dora Maiz, and Miss Alice Hutmacher.

WASHINGTON.—The Garfield Memorial Alumnae was entertained on Wednesday, October 7, by Miss Paxton, of the Columbian University Hospital. At the first regular meeting held at the hospital Dr. Llewellyn Eliott gave a very interesting talk on smallpox.

PHILADELPHIA.—The regular meetings of Camp Liberty Bell are held on the first Friday of each month from October to June at three in the afternoon at the Carlisle, 425 South Carlisle Street. All Spanish-American War Nurses are cordially invited.

CORRECTION.—The name of Miss Vena Richmond was omitted in the list sent the secretary of those attending the meetings of the Spanish-American War Nurses in San Francisco.

ERRATA.—On page 104, paragraph 4, read "Miss Reiba Thelin."

BIRTHS

IN September, to Mr. and Mrs. Jefferson Norris, of Baltimore, Md., a daughter. Mrs. Norris was Miss Martha Cabell Perkins, of Virginia, graduate of the Johns Hopkins Training-School, Class of 1897.

MARRIED

THE following graduates of the Presbyterian Hospital in Philadelphia, Pa., have married during the past four months:

August 3, Miss Matilda Dunlap, Class of 1897, to Mr. Cyrus H. Mellinger. Mr. and Mrs. Mellinger reside in Harrisburg, Pa.

August 3, Miss Anne B. Miller, Class of 1898, to Mr. William S. Wilson. At home at 3740 Filbert Street, Philadelphia.

August 6, Miss Elizabeth A. Milliken, Class of 1900, to Mr. Clifford A. Morton. At home at 287 New York Avenue, town of Union, N. J.

At McKeesport, Pa., September 30, Miss Mary C. Herbertson, Class of 1899, to Mr. Thomas A. Robertson.

On October 21, Miss Rachel E. Woodburn, Class of 1899, to Mr. William P. Du Bois. At home after January 1 at 114 Walnut Street, Haddonfield, N. J.

At Bridgeton, N. J., October 28, Miss Alice Potter, Class of 1903, to Mr. Charles T. Elliott. Mr. and Mrs. Elliott will reside in Plainfield, N. J.

IN Spokane, Wash., October 7, Miss Ida Lyndon Foster to Mr. Walter Mac-Henry Olive, of Mission, Wash. Mrs. Olive is a graduate of the Class of 1901 of the Newport Hospital, and has been for the past year superintendent of St. Luke's Hospital, St. Louis, Mo. Mr. and Mrs. Olive will reside in Mission, Wash.

IN October, in New York City, Miss Elizabeth Wirt Goldsborough Baker, of Pass Christian, Miss., to Dr. Richard Foster Rand, of Connecticut. Miss Baker is a graduate of the Johns Hopkins Training-School, Class of 1902.

IN Boston, on Thursday, October 1, 1903, Miss Aimee Vibber, graduate of the Massachusetts Homœopathic Hospital, Class of 1896, to Dr. Frederick Marshall Parker. Dr. and Mrs. Parker will live in Colchester, Conn.

IN Santiago de Cuba, on October 7, 1903, Miss Adelaide French Gräffing to Mr. Edward D. Stegall. Miss Gräffing was for two years night superintendent of the Civil Hospital, Puerto Principe, Cuba.

ON October 14, in Baltimore, Md., Miss Mary Carey, of Baltimore, to Dr. Henry Baetjer, of Winchester, Va. Miss Carey is a graduate of the Johns Hopkins Training-School, Class of 1902.

OBITUARY

AT her home in Glenview, Ill., September 7, 1903, Miss Jeannette Ward, graduate of the West Side Hospital Training-School of Chicago, Class of 1901. Cheerful and conscientious, with brightest prospects for a long and useful life, her death, which was entirely unexpected, left many to grieve for the kind friend, the faithful nurse, and the loving daughter and sister. After giving, perhaps, too devoted care to a very sick patient and leaving him convalescent, she herself was stricken with typhoid fever. She was a member of the Western Avenue Methodist Episcopal Church, of Chicago.

"WHEREAS, God has removed from her chosen work a most esteemed member of the West Side Hospital Training-School Alumnae Association:

"Resolved, That we, the members of the association, extend our heartfelt sympathy to her father, brothers, and sisters, and particularly to our sister nurse, Miss Eva M. Ward.

"Resolved, That a copy of these resolutions be sent to her family, recorded in the minutes of the association, and also that a copy be sent to THE AMERICAN JOURNAL OF NURSING for publication.

"ELLA M. BELL,

"AMELIA E. GRAESSLE,

"CORA A. MATHIS,

"Committee."

It was with deep regret that the Alumnae Association of the Massachusetts Homœopathic Hospital learned of the death of Mrs. C. R. Gates, *née* Marietta Leadbetter, of the Class of 1901, at her home in Queens County, Nova Scotia, September 20, 1903, having been married but little less than a year.

At the Albany Hospital, N. Y., on October 28, of typhoid fever, Miss Florence Dorval, of Whitehall, N. Y. Miss Dorval was a pupil in the Training-School and a young woman of much promise.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



A GERMAN TRAINING-SCHOOL FOR HOSPITAL MATRONS

MENTION has been made in these pages of a German course of preparation for nurses wishing to fit themselves for hospital management which was in some respects similar to the special course at Columbia College. While in Munich, having had the opportunity of meeting Fräulein von Wallmenich, or, as her official title reads, "Frau Oberin von Wallmenich," the accomplished head of the Red Cross Hospital of that city, fuller information was gained respecting this course, which so plainly proves that, on the whole, the same causes are everywhere at work producing the same results of more highly specialized education in nursing.

The course differs from that at Columbia in *not* being open to nurses in general. It is limited to those graduates of the Red Cross hospitals who show special fitness and who intend remaining in the service of the Red Cross. It is, in fact, planned for the greater improvement of Red Cross hospital work alone by giving special advantages and experience to the women who are to become the future heads and managers of these hospitals. The "regulations" kindly placed at our disposal are, rather freely translated, as follows:

"REGULATIONS FOR THE SCHOOL FOR PREPARING RED CROSS SISTERS FOR POSITIONS OF OBERIN (MATRON) IN THE RED CROSS HOSPITALS.

- "1. The Central Committee of the German Red Cross Society (that is, the committee representing the whole empire.—Ed.) has concluded an agreement with the Woman's Red Cross Society of Munich by which a training for the position of matron has been arranged in the Munich motherhouse under the direction of Frau Oberin von Wallmenich.
- "2. This school for matrons undertakes to educate women who are already trained sisters in such definite lines as will fit them to take charge of motherhouses (viz.: centres for the training and controlling of a body of nurses.—Ed.) of the Red Cross.
- "3. The sisters admitted to this course shall be of good family, shall possess a good general education, and shall have served at least two years as sister (*i. e.*, fully trained or graduate nurse.—Ed.).
- "4. Inquiries as to the course are to be made of Sister Clementina von Wallmenich, Red Cross Hospital, Munich. Necessary testimonials will be the birth certificate, physician's certificate, testimonials of education and of former work as sister, and a short personal history, as well as a written agreement to give, after the completion of the training, at least three-years' service in a hospital of the Red Cross or to refund the cost of the course (about seventy-five dollars.—Ed.).
- "5. The course of training lasts for five months and is without cost. It ends with examination and diploma. The students will live in the Munich mother-

house and observe the rules of the same, but no ordinary duties shall be required of them.

"6. The course is under a committee, one member of which shall be a member of the Central Committee of the German Red Cross (with others designated.—Ed.) and one shall be the Oberin herself.

"7. The training comprises the three divisions of duty of a matron, viz.: I., oversight of nursing work and the care of patients; II., general hospital management; III., selection, education, and discipline of the nurses. It consists

"a. In practical instruction, which is offered by the notable management of the Munich hospital, a modern, thoroughly equipped institution with one hundred and fifty beds and three operating-rooms; a central home with one hundred and fifty-eight qualified sisters and thirty pupils, who, besides the work of the motherhouse, are sent to fifty-three outside institutions and work centres, district nursing, obstetrical nursing, etc.

b. In systematic critical conferences over furnishings and appliances, arrangements, and instruction and rules relating to the service and personal conduct of sisters.

c. In theoretical instruction in ethics, pedagogy, principles of general management, scientific and hygienic construction of hospitals, principles of dietetics, the poor-laws and old-age-and-pension laws, in business methods of bookkeeping, and in the French and English languages.

"d. In thorough instruction in cooking and housekeeping, partly in the institution kitchen and partly in a large cooking-school.

"8. The examinations are held before the local committee. The diploma is given by the German Central Committee.

"9. (Regulation providing for dropping those who do not show sufficient grasp.)

"10. (Further regulations as to time of admission, etc.)"

On the tenth anniversary of the Munich motherhouse in 1902 Sister Clementina spoke of the growth in all branches of work, and of this newly concluded undertaking to train executives. Among the pupils at that time were those who were destined to conduct large motherhouses in Dresden, Strasburg, Coburg, and Quedlinburg.

THE PROGRESS OF NURSING EDUCATION IN FRANCE

At the third National Congress of Public and Private Charities in France, which was held several months ago in Bordeaux, four reports on the "Professional Instruction and Position of the Nursing Staff of Hospitals," three of which had been drawn up by men, one a physician and two laymen, apparently directors and hospital inspectors, were presented. The fourth was read by Dr. Anna Hamilton, who vigorously scores the reports of the men in a summary sent to the *British Journal of Nursing*. Her criticisms, part of which we give, shed a pitiless light on the condition of French hospitals. Her own report, which we will give in a later number, shows the remedy so plainly that one must wonder there can be two minds on the question. She says:

"REPORT OF MONSIEUR E. OGIER, INSPECTOR GENERAL DES SERVICES ADMINISTRATIFS DU MINISTRE DE L'INTERIEUR.

"This gentleman, who does not seem to have any practical experience of hospitals in France and abroad, maintains that, though schools for nurses have

been opened in Lyons, Rouen, Montpellier, Havre, Saint Etienne, Nancy, Bordeaux, it has not been possible to get the better kind of pupils, such as those that English schools recruit.

"The lectures have been attended by the nurses belonging to the hospital staff, the 'infirmiers' (coarse male and female ward servants); but though small scholarships have been offered to outsiders, they have not come forward, and this leads the writer to the conclusion that nursing is too objectionable a career, morally and materially, for nice girls to take it up—they will always rather turn governesses.

"But Monsieur Ogier does not consider that these so-called nursing schools are quite different from the English ones; they only consist of a course of lectures given by doctors or students, a theoretical medical teaching from which the nursing is quite absent. One has heard in one of these 'schools' a clever surgeon explaining in the minutest details the theory and construction of the thermometer, and never mentioning all the practical and useful details as to the way of taking the temperature! Of course, pupils living in town and attending such lectures once or twice a week, and called up for examination after six months, cannot know much of nursing. Sometimes they have been allowed to enter the hospitals, but only whilst the visiting physician goes round his ward—and that has been called 'hospital training' and supposed to be practical work! Doctors as well as hospital guardians seem to think that future nurses have to be taught like future doctors, and therefore suppose lectures and walking the hospitals the most desirable plan for them. They entirely put aside the most important requisite, that able nurses should train the probationers. Therefore nurses who have attended lectures and their common lay helpers remain just as ignorant as to the real nursing knowledge they ought to obtain, though in many of these schools they have passed the examination and obtained a diploma!

"The report brings forward many statistics showing, for instance, that at Montpellier the nursing school has recruited two hundred and ninety-seven pupils from 1898 to 1902, and that sixty-three diplomas have been delivered, and yet the nursing staff is not improved. I once witnessed such an examination for the diploma, and wondered who was to be pitied most—the candidates or the professors; anyhow, it was dismally ludicrous.

"The conclusions of Monsieur Ogier are that perhaps if the nurses were paid more a better kind would be obtained; he also proposes that they should no longer be considered as servants, and that their dormitories should be improved; finally, that they should not be liable to be suddenly dismissed by the guardian in charge,* like the servants, and that pensions should be provided for them.

"REPORT OF DR. J. M. DURAND, PHYSICIAN OF THE BORDEAUX CIVIL HOSPITALS.

"In this report the writer declares that, knowing little about other hospitals, he will only describe matters as they are at Bordeaux.

"He says that nurses here go around with the visiting doctor, report to him about the patients, listen to his prescriptions, see that they are attended to, take temperatures, manage all the housekeeping, and go round every two hours to see if the patients want anything, therefore are the only nurses.

"But to my knowledge this is how matters really stand: Nurses keep well

* "The guardian in charge, or 'Administrateur de Service,' changes every week or fortnight, according to the custom, which may differ from one town to another. He rules entirely during his time, and has nothing to say afterwards—a most awkward, unsatisfactory arrangement, as each guardian has his own peculiar ideas as to hospital management.

out of the group of medical students crowding round the bed, mostly knitting or looking elsewhere. The doctor's prescriptions are written down by one of the 'externes' for the chemist in the 'cahier de visite'; the mixtures, pills, etc., are brought hence from the 'pharmacie' and laid on the shelf at the head of each bed. Once there, the patient can take his medicine, sipping from the bottle an unknown amount, and so often or seldom, or not at all, as he chooses. The temperatures are taken by the 'externes,' coming twice a day to the hospital in the wards where the visiting doctor is particular; by the nurses otherwise, thrusting the thermometer in the bedclothes with no other care.

"When the visiting doctor wants information about the patients he inquires from the 'internes' (medical students in their third or fourth year. They live in the hospital and are paid, and look after the patients, doing much of real nurses' work) or asks the patient himself. The 'internes' are responsible for their wards and sole masters when the 'visiting' is not there. They can come in at any time, day or night, find fault if they choose to do so, examine patients how and as long as they want. I saw one strip a girl's chemise off and oblige her to lie naked on her bed in full view of all the ward, so that he might more conveniently study the kind of skin disease she had—no screens, of course, they do not exist. She begged and struggled not to be thus exposed, but he declared her temper was bad, and to punish her did not hasten over this revolting proceeding. The nun was somewhere about, but kept out of the way.

"Moreover, the nuns are fettered by regulations which prevent their ever becoming adequate nurses. For instance, I once heard a lecturer turn towards the male group of listeners to explain how to give vaginal douches, and to put the patient in the obstetric position, etc., because the Daughters of Charity Vincent de Paul (the most popular of hospital nuns), sitting on the other side, were not allowed to give such improper care to the patients. It appears incredible, but it is a fact, that patients who undergo gynaecological operations are shaved by those coarse, vulgar men-servants or by the young students. . . ! Nuns consider it sinful, and Heaven knows all the wickedness that has been the consequence of their absurd prejudice. I have often seen these men-servants giving douches in the theatre, carrying half-naked patients and coarsely joking . . . though the nun at a distance could see and hear!

"They seem to be ever busy counting clean or dirty linen. They adorn the altars in the ward with all kinds of paper flowers and laces, straighten counterpanes (though the beds are seldom made), and look after the general orderly appearance of the ward. But cupboards, closets, back passages, even underneath the altars they are so proud of, you find dirt, disorder, all kinds of refuse, and infectious encumbrances. But the linen-room seems to be one of the aims of their lives, and they spend months folding in the most complicated and varied ways the hospital linen, till the linen-room seems to be an exhibition of all possible designs, where you would be at a loss to distinguish a shirt from a towel.

"But nightwork is the worst; for instance, the big St. Andrew Hospital, which numbers from seven hundred to nine hundred patients, has only two nuns in attendance during the night, from eight P. M. to five A. M., one on the male side with an infirmier, and one on the female side with an infirmière, and they go about, passing only twice through the same ward—for there are many of them. The wards are locked (the windows are barred) and the patients have no means of calling for outside help. And to allow the nuns to go around more quickly, a piece of cardboard with a capital 'R' (meaning 'recommended') or an 'A' (mean-

ing 'administered*') is pinned at the foot of the bed, so that the nun can stop to see if the patient wants anything—or is dead, in which case the body will have to be removed at five A. M. Thus you see in the mortuary rooms bodies showing, by the position in which they have stiffened before their death was noted, what pain, despair, and want of a merciful hand they have suffered in their agony!

"The report explains that the infirmiers and infirmières (lay nurses) are only servants, in fact, as they have to attend to the heating and lighting of wards, the making of beds and cleaning wards, water-closets, and spittoon-cups, and other work which ought not to be done by nurses. To say the truth, these coarse servants are called upon to do many more things for the patients—all kinds of irrigation, minor dressings, changing clothes, etc. They always give bed-pans, enemas, and get tips that vary for all these attendances, as also for bringing water to wash, and for combing the patients. It is commonly said that combing and enemas cost ten cents each, the bed-pan four, the basin of water two. Nuns know it, but they say it is impossible to prevent this abuse, and when patients are too poor to pay—well, they wash with their lemonade or remain dirty and their hair awfully entangled. A white cap is poised upon it when visitors are expected or when they are sent to the operating-theatre; it soon gets knocked off, and the hair which has not been plaited is everywhere.

"The report declares, though, that the lectures which the nuns have attended for a few years have had good results (? ?) and that it is now a year since a real school has been established (? ? ?) under the direction of a 'professeur Agrégé de la Faculté.' To my knowledge it is another sample of the established error—lectures and no training.

"But Dr. Durand proposes some improvements as to the lay nurses: that they should no longer be mixed with the other servants; that they should be obliged to attend the lectures regularly and pass examinations every now and then; that there should be three divisions for them, and that they should be made to pass from one to another according to the marks given by the visiting doctor. He, however, will not hear of a diploma or certificate being given to the hospital staff or pupils from outside attending the lectures. He considers that the nurses should be allowed to lodge in the town so as to enable them to marry, thus facilitating applications. Finally, a pension ought to be granted them after twenty-five years' service and sixty years of age.

"He then takes up the Prime Minister's 'Circulaire' on nursing schools, and again vehemently opposes the diplomas as being likely to induce nurses to practise medicine unlawfully or give a right to those who, having attended lectures, will set up as nurses many years after having forgotten all they knew. He also thinks that nurses belonging to a hospital staff would, on getting the diploma, expect to get the better posts, even if they prove perfectly unbearable to all concerned, and might go to law against doctors and guardians if they did not obtain the positions they considered it their right to have. He also thinks it dangerous to give diplomas for nursing, as it may, by and by, give a special right to some to nurse and withhold the right from others. Then he strongly objects to women nurses in male wards, and thinks experience will prove how impossible it is to have them.

"To those accustomed to the very simple, practical, and logical plan of training in English schools, the criticisms and fears expressed in this report will seem quite strange. But the reader must know that all over France there is the

* Administered means that the patient has been through the obligations of the Church, and may die without further trouble.

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WINDOW OF OLD PART OF BUILDINGS, ST. JOHN'S HOSPITAL, BRUGES

same absurd plan for 'training' nurses—medical lectures, which induce the pupils to practice medicine rather than nursing, which they have not learnt!"

According to Dr. Hamilton's account, conditions in the French hospitals must indeed be hideous, and, with the example of English, Dutch, and German trained nurses right at their doors, we must think that the real explanation is to be found in deep-rooted professional heartlessness and jealousy of woman's work on the part of medical men in France, rather than in the mere ignorance and subordination of religious nursing orders.

LETTERS

BRUGES.

If any nurse wishes to see an ancient and historical nursing order exactly as it was in the Middle Ages still at work in an institution of venerable antiquity, where beautiful architecture, quaint old buildings, and a most charming old-time garden form the setting for hospital wards of fairly modern type, let her not fail under any circumstances to go to Bruges and visit the Hospital of St. John, under the care of the Augustinian order of Catholic sisters, where the sweet side of religious nursing may be seen. It is a most fascinating old place, hidden away from the world behind high stone walls and the partly ruined remains of old church buildings, carved gateways, and stone corridors. Inside to the left is the oldest part of the buildings,—over seven hundred years they have been standing,—once the hospital but now serving as the cloisters where the sisters live. This ancient part is composed of long, slightly curving corridors two stories high; on one side the corridor looks upon the gardens and on the other it opens into small rooms. Spotless cleanliness, bare board floors, and fresh, soft-tinted plaster characterize the place now—whether it was so seven hundred years ago one cannot tell. This part is separated by a large garden space from the central buildings, which contain the famous art treasures which are the property of the old hospital, and beyond this again is still more garden before one comes to the new hospital buildings, which were erected some fifty years ago.

These are on the pavilion plan, opening on a connecting corridor which traverses three sides of a large square; the fourth side, also corridor, connects with the sisters' quarters and gives access to the outer gateway. This square is simply one lavish bower of green. Trees, grass, flowers, and vines make the place look like a dream, and it is used for the recreation of the patients, who reach it from the corridor.

Outside the wards are large vegetable and fruit gardens, grape-vines, and flower-beds, reaching finally to the old stone wall which surrounds the whole place. A lovelier spot in summer could hardly be imagined.

The wards are ten in number and hold twenty-four beds each. They were bare and plain but very clean, the ventilation good, and the air fresh, although the beds were very close together. The beds and small tables were of wood, clumsy and plain, and the bedspreads were of dark-colored calico, while each bed had its set of rods and of old-fashioned dark calico bed-curtains. Modern science had exacted enough plumbing and drainage to make everything quite satisfactory from the working standpoint (and they showed us all their closets and corners), although homely and plain.

There was an atmosphere of peace and serenity, and the patients looked content. The men patients smoked on their corridor, and the women had their little belongings about their beds. The whole place had a home-like feeling, and though the work may not have been up to the modern idea in many ways, one

could not but feel that the patients were kindly treated. The sisters had kind, good faces, and several younger ones seemed to be flying about and working diligently. No medical school is connected with this old hospital, and "orders" are probably of the simplest.

Mrs. Fenwick and I, who went about together, both agreed that there was something very lovely and consoling about the religious sister, and that, if she could only have the *knowledge*, combined with her sweet seriousness and freedom from modern flippancy and brusqueness, she would be quite perfect.

The dress of the St. John Sisters is very picturesque; it is a coarse serge of ivory color, and when on duty this is turned up over a black petticoat. A large, dark-blue gingham apron is worn over this, and removable oversleeves of ivory serge. There is a black stole, and the white linen cap has very stiff, wide wings, and thrown over these a thin black gauze veil.

In the old City Hall there are some paintings showing scenes of the fifteenth century, and in one a Sister of St. John is seen in this precise dress, except that she has not the dark-blue apron or oversleeves on.

The pharmacy of this old hospital contains treasures of wood carving that make one quite miserable with envy—medicine-chests and sideboards covered with most wonderful carvings of old-time hospital scenes. The pharmacy is in charge of a sister who is a skilled pharmacist and a very dignified and imposing woman.

To the world in general the hospital is famous for its art treasures, which attract there hundreds of tourists. Grant Allen, in his "Cities of Belgium," refers to it thus:

"The Hospital of St. John, one of the most ancient institutions in Bruges, or of its kind in Europe, was founded not later than 1188. . . . It derives its chief interest for the tourist from its small picture-gallery, the one object in Bruges which must above all else be visited. This is the only place for studying in full the exquisite art of Memling, whose charming and poetical work is here more fully represented than elsewhere. . . . Many of these pictures were painted for the institution, which they still adorn, so that we have here the opportunity of seeing works of mediæval art in the precise surroundings which first produced them. . . . Hans Memling . . . was born about 1430. . . . The hospital possessed an important relic of St. Ursula,—her arm,—and about 1480-90 commissioned Memling to paint scenes from her life on the shrine destined to contain this precious deposit. The chest, or reliquary, which he adorned for the purpose forms the very best work of his lifetime."

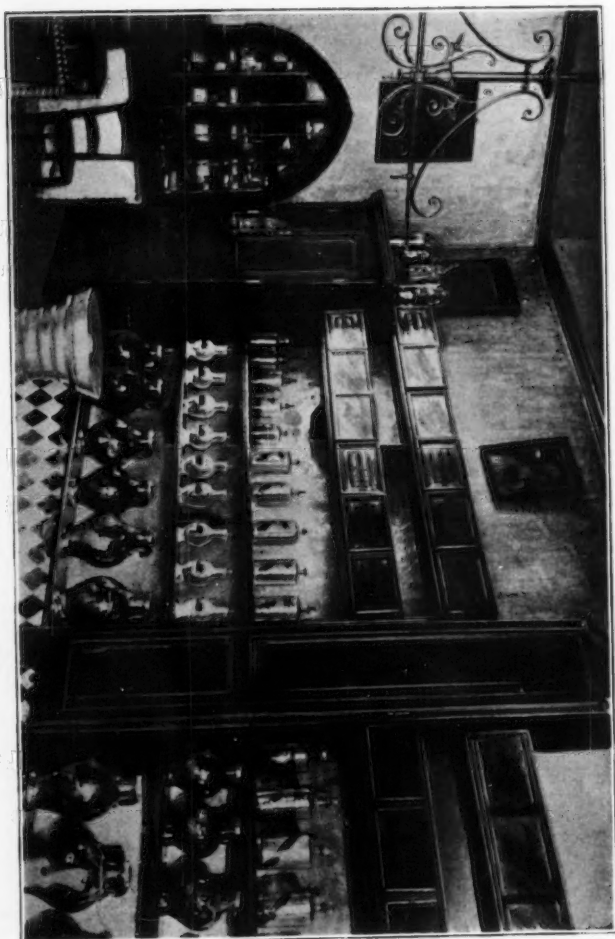
Grant Allen does not say, but one of the sisters told Mrs. Fenwick and me, that Memling had been a patient in the hospital, and after his recovery made this exquisite painting through gratitude.

In another picture of Memling's in the hospital, the "Adoration of the Magi," a figure is represented as looking in a window at the scene, dressed in the same dress and yellow cap worn to-day by convalescents in the hospital.

L. L. D.

EXTRACTS FROM MISS BUTCHER'S LETTERS FROM SHAN-SI, INDIA

"We have our meals very oddly divided here, so that when you give a medicine 't. i. d.; p. c.," I do not know when you would give it. The natives have only two meals (when they can afford as much as that). We have 'little breakfast' when we get up, breakfast at eleven, tea at four, and dinner at seven-thirty. . . . Dr. Ernst was called to see a patient in the city and I went with her. We found a girl of sixteen, dying of consumption, in a room about six



THE PHARMACY IN ST. JOHN'S HOSPITAL AT BRUGES





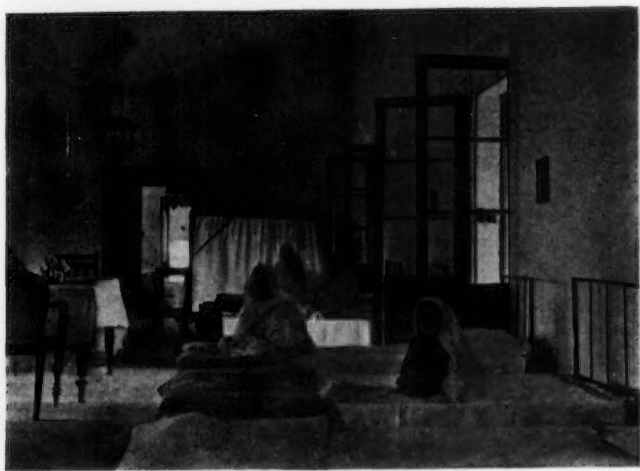
THE MARY ACKERMAN HOYT MEMORIAL HOSPITAL, SHAN-SI, NORTHERN INDIA



RESIDENCE OF DR. ROSE FAIRBANK, DR. ALICE ERNST, AND
MISS ETHA BUTCHER, NURSE IN CHARGE
Hoyt Memorial Hospital, Shan-Si, Northern India



OUR BIBLE-WOMEN AND SCHOOL-TEACHERS, SHAN-SI, NORTHERN INDIA



A WARD IN THE HOYT MEMORIAL HOSPITAL, SHAN-SI, NORTHERN INDIA

by ten feet, with *no* window. I have no idea how many other people were in the room, and she was so covered with blankets that we could not see which was head and which foot. Dr. Ernst started to draw away the clothes at the foot end because it was a little higher. I had been wondering where the woman's head was, and she hit upon the end I would have chosen. Medicine was sent her for three days, but she took it all in one day. What India needs is a system of district nursing, but at the present rate it will be many a long day before there are nurses to spare in India for that kind of work. . . .

"I do very little nursing myself yet, as my first year is supposed to be devoted to languages. I go to the hospital every day, but only for a little time unless some big operation is on hand. There is only one Eurasian nurse, but she is well trained *for this land*: she oversees things in the hospital, is compounder in the dispensary, and is called if needed at night. We have five native girls 'in training,' though the Training-School is not really under way yet. Dr. Fairbank teaches them English, mathematics, etc.; she gives lectures in hygiene, Dr. Ernst in anatomy and physiology, and I demonstrations in practical nursing. I enclose some prints to show you how we look. . . .

"The dispensary is open every morning except Wednesday and Sunday: Wednesday the doctors reserve for operation day. We have only eleven patients in the hospital just now, but lately had nineteen and were really very busy. The present cases are carcinoma, hernia, fistula, abscess, hip disease, and syphilis. Nearly all our patients have the last disease, with or without something else. We recently lost a little girl who had an immense ovarian cyst removed.

"A patient left this week whose nose had been cut off by her husband. Dr. Fairbank brought her up a new one from her cheeks, and while it was not so handsome as the one she lost, it was a great improvement on the hole in her face with which she came to us. She began to learn to read while in hospital, and we sent some tracts and Gospels home by her which we hope she will use among her friends, as she comes from a native State near here where there is no Christian work at all.

"We have to allow the people their native food, of course. At first Dr. Fairbank was afraid to give sick people rice and curry and the native bean, but she found it agreed with them and they refused other things. Those on 'liquid diet' have milk, suji, sago, etc. As the Hindoos do not eat eggs, that eliminates one important item. We have a Brahman cook, so that high-caste patients may be able to eat our food.

"Most of the fever here is malaria: there are several other sorts which no one knows much about, but typhoid is rare among the natives. We can get ice on occasion during the hot season—not during cool weather. We have an Arnold sterilizer which we *boil* over a charcoal stove. All milk has to be boiled.

"Almost everyone in this land has bad eyes sooner or later. The babies born in the hospital since I came have *not* had trouble while they stayed with us. . . .

"On Sundays we go to the Hindostanee Presbyterian church in the native city in the morning, and in the evening to the Wesleyan service held in the Railway Institute by the chaplain of the regiment here. There is quite a population of English officials, civil, military, and railway, in the station, and we have a good many American magazines and papers. . . . Letters from home are most welcome in this far-away land. We have only one foreign mail a week, and the suspense for an hour or two before it arrives is *harrowing*. . . . Remember me to all friends."

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING NOVEMBER 11, 1903.

BEGG, NORA H, graduate of the Paterson General Hospital, Paterson, N. J., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Craig, Mary E., transferred from Fort Bayard, N. M., to duty at the General Hospital, Presidio, San Francisco.

Hall, Mrs. Mary B., under orders for duty at Fort Bayard, N. M., after the expiration of her leave.

Macaulay, Margaret, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Mason, Edith A., transferred from the General Hospital, San Francisco, to duty on the transport Sheridan en route to the Philippines for duty in that division.

Reynolds, Katherine, transferred from the First Reserve, Manila, to duty at the Base Hospital, Iloilo, Panay, P. I.

Snell, Cora Lucretia, transferred from the General Hospital, San Francisco, to duty on the Sheridan en route to the Philippines for duty in that division.

St. Cloud, M. Inez, graduate of the Augusta Hospital Training-School, Augusta, Ga., appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Storry, Frances B., transferred from the General Hospital, San Francisco, to duty on the Sheridan en route to the Philippines for duty in that division.

Weber, Eva Dora, transferred from the General Hospital, Presidio, San Francisco, to duty on the Sheridan en route to the Philippines for duty in that division.



THE CLINICAL THERMOMETER IN POESY.—Truly it is given to the poet to find "tongues in trees, books in the running brooks"—and poems in fever charts. One of the newly published poems of Rudyard Kipling, "The Parting of the Columns," deals with the farewells of the soldiers who had fought side by side in the Boer War.

"There isn't much we 'aven't shared since Kruger cut and run,
The same old work, the same old skoff, the same old dust and sun;
The same old chance that laid us out, or winked an' let us through;
The same old Life, the same old Death. Good-by—good luck to you!"

"Our blood 'as truly mixed with yours—all down the Red Cross train,
We've but the same thermometer in Bloemingtonpholdtein;
We've 'ad the same old temp'rature—the same relapses, too,
The same old saw-backed fever chart. Good-by—good luck to you!"

—*New York and Philadelphia Medical Journal.*

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

November 11, 1893.

DEAR EDITOR: By the gracious act of the Legislature of the State of New York we have the title "Registered Nurse," and none too soon.

I had occasion recently to visit an intelligence office in search of a cook. Outside of the most dingy office of this kind was the largest of blue signs, with the most flaring white lettering, which read, "Male and Female Help supplied to families and institutions. *Trained Nurses.*" Crossing the street to see what was within, I saw on another large sign just at the entrance, "Wanted, dishwashers, \$00.00; potato peelers, \$00.00; chambermaids, \$00.00; sidewalk cleaners, \$00.00; scrub women, \$00.00."

There were no trained nurses "wanted" at any price. Deciding to investigate to what extent the public were being swindled in this instance, I went up dirty, narrow stairs to the second floor, and there found seven or eight serving-men, some negro, some white, lounging and smoking, and had concluded to retreat when the sight of one woman in a distant corner gave me courage to continue. Just then the proprietor came forward, bidding me welcome. Even after years of experience in district work I quailed at the idea of entering the room.

A talk with the proprietor in the doorway gave me the information that "pay" varied with the family—a sliding scale, as it were; that "pay" in institutions was much smaller, and that if I would leave my name and he secured me a "place" he would expect to receive ten per cent. of the first month's "pay."

Declining his invitation to cross the room and make formal application in an inner office, I went down the stairs, wondering what the eight thousand nurses that have their abiding place in this great city can be thinking of, if they are thinking at all, that such things can be.

The time would seem to have come when there must be a central directory for registered nurses in the City of New York; one directory where strangers in need of nurses may go or send and be sure of securing a reliable registered nurse. As the situation is now, there is no way by which the uninitiated may distinguish between such an office as I have described and one which is official in its management. Many of us know only too well that in times of emergencies and excitement little reason is exercised by the public. Such a central directory should be a directory for everything pertaining to the registered nurse and her work. A registered nurse coming to town should be able to find there information on any subject she wished, from the latest news on legislation to the best place to secure the smallest appliance for the sickroom or where to go for comfortable rooms.

Later, with such a directory in working order, there would grow out of it naturally a central club-house with its parlors, reading-rooms, and a general café, open to the public, conducted on a strictly business basis. There could be rooms

for some of its permanent members and also for transients who are from time to time in the city for a few days or a month.

The stock for such an enterprise could easily be taken up by the eight thousand nurses now said to be in New York City, but without waiting to secure capital for this larger venture, steps should be taken at once to lay the cornerstone for the central directory.

In the event of the organization of the County Association which is now being agitated, that association will find it necessary to have permanent headquarters. Some revenue could be depended upon in connection with such a directory from the sale of sickroom supplies and appliances.

What a conserving of time for the medical man, the public, and the nurse, to ring up one place and to leave one's request or order, feeling that it would be attended to in the most expeditious and careful manner possible?

Sterilization of instruments and dressings for operative work would be a great convenience to the surgeon and his assistants and the nurses, and is really very much needed in emergencies calling for operative procedure in a private house.

A central directory in New York City is bound to come. Let us create it now.

MARY E. THORNTON.

DEAR EDITOR: A few months ago I saw in a small baby what looked like a return of meconium after the movements had once been normal. The child was slightly premature, was very drowsy, and for some days it would not nurse. It would not even take a bottle, but was fed on breast-milk, pieced out with peptogenic, from a medicine-dropper. When it was about twelve days old it suddenly consented to nurse directly from the breast, and the doctor ordered all feeding by other means stopped in order to keep up its nursing habit and to increase the supply of breast-milk, if possible. The baby seemed satisfied with the arrangement, but it did not gain in weight, and on the fifth day of breast-feeding it began the day with a black, tarry movement, identical in appearance with meconium. When I showed it to the doctor he called it a "starvation movement," and ordered artificial food added to the baby's nursing diet. After a day or two of fuller meals the movements resumed their normal condition and the baby gained rapidly in weight. The doctor said he thought the black movements were produced by the same causes that produced meconium—a secretion of digestive fluids with no food to work on. There was probably very little breast-milk for the baby.

D.

WAR DEPARTMENT, SURGEON-GENERAL'S OFFICE,
WASHINGTON, November 13, 1903.

To the Editor of THE AMERICAN JOURNAL OF NURSING.

Permit me, through the pages of your valued JOURNAL, to correct a statement found in the address of the president of the Spanish-American War Nurses, as read before that body assembled in San Francisco in August last. I refer to the paragraph, "Navy Nurse Bill," on page 133 of the November JOURNAL.

The president states that the bill prepared by Dr. Boyd and "amended by a committee from our society and introduced into the Senate at our request was referred to the Navy Department, and there promptly killed by the opposition of the army to anything so far superior to what the Army Nurse Corps had."

Having been on the spot at the time the Navy Nurse Bill was under discussion, I happen to have some personal knowledge of the incidents connected

with its evolution, as well as of the views of the Surgeon-General, United States Navy, on the subject. In point of fact, the amended Boyd bill, to which the president of the Spanish-American War Nurses refers, hung itself. The army had nothing whatever to do with it. During a conversation with Surgeon-General Rixey on the subject he remarked to me that the proposed bill was "not at all what he wanted"—if for no other reason than that it would never go through because it would result in a disorganization of the Army Nurse Corps. This he naturally would not permit.

The bill was then entirely rewritten by Admiral Rixey himself,—according to his own ideas,—based on the Army Nurse Corps statute. All the army had to do with it was to offer some suggestions at his request. Several points which we want some day to get for the army nurses were left untouched, hoping the navy nurses might be fortunate enough to get them—notably allowing the nurses' leave to become cumulative. We certainly did not grudge our navy sisters any good thing which could be secured for them, and so far from trying to kill the bill, all the weight of whatever influence the army could command was thrown in the scale for and not against it. How could it have been otherwise, when it is remembered that a large number of the members of the Army Nurse Corps are Spanish-American War nurses as well, and the Army Nurse Corps is *not* a "house divided against itself"?

DITA H. KINNEY,

Superintendent Army Nurse Corps.

BROOKLINE, MASS., October 21, 1903.

AMERICAN JOURNAL OF NURSING.

DEAR EDITOR: My attention has been called to your editorial in the September number of the JOURNAL entitled "The Medical Attitude," the text for which is furnished by an article of mine in the *Boston Medical and Surgical Journal* on "The Need of an Institution for the Education of Nurses Independent of the Hospitals."

You find my ignorance of the efforts which nurses are making to bring about the establishment of a preliminary course of training characteristic of the attitude of medical men as a whole, and you also imply that the article does injustice to those nurses who for a number of years have been trying to carry out such a plan. May I be allowed to say a word in explanation of the article in question?

At the time it was written I knew that the subject of preliminary training was in the minds of a number of persons interested in the education of nurses, but I had never seen anything written on the subject to which I might refer. My object in writing in a medical journal was to bring to the attention of medical men the "need of an institution" to give this preliminary training, because, as I stated, the movement must have the coöperation of the hospitals, which are largely in the control of physicians. I wished especially to point out the advantages that that system would have for the small hospitals.

I was much surprised to read in a representative nurses' journal that I "must have been taking a long nap" not to know that the scheme is an old one, and also that I "enter the field seemingly as an interloper, stealing the thunder of the nurse to whom should be accorded the credit of one of the most brilliant schemes for nursing advancement yet conceived."

I regret very much that I had not seen Miss Davis's valuable article in THE AMERICAN JOURNAL OF NURSING on the "Central School Idea for Preliminary

Instruction to Nurses," and I am sincerely glad to have this opportunity to acknowledge it.

I am sorry if any injustice has been done to those members of the nursing profession who have been doing so much to secure a course of preliminary training in Boston. It does not seem possible, however, that any credit of originality for the idea of preliminary training in an independent institution could be given to me, especially when previous to the publication of my article it is announced that just such courses are to be established in a number of different places.

While my ignorance may be, as you say, characteristic of the medical profession, I do not believe that the apparent spirit and tone of your editorial represents the nurses' "attitude."

FRANCIS P. DENNY.

[We think Dr. Denny has given an unjust interpretation of our editorial comment on "The Medical Attitude" in the September number, and we quote the paragraph in full in which we made our meaning as to the attitude of the *medical profession* very clear, and in which we feel that we have expressed fairly the "nurses' attitude:"]

"First let us say that our experience and observation would seem to prove that the masses of medical men concern themselves very little about nursing matters. They are liberal in their attitude, willing to grant every privilege of personal or organized effort to nurses in the management of their own affairs, asking only that capable, well-trained nurses shall be provided to take care of their patients. This liberal attitude has been proved by the action of the medical organizations that gave their support to the nurses of North Carolina, Illinois, Virginia, and New York in their recent successful legislation. It would be impossible for the great body of the medical profession to keep in touch with nursing progress in all of its detail, but we do expect the few physicians who interest themselves in nursing matters to keep themselves informed of what is being done by nurses, by hospitals, and by educational institutions along all the lines of nursing progress, whether for better theoretical instruction, more thorough technical training, or upon the lines of what is known as preliminary training."

Our criticism is unmistakably a criticism of a few individual men, and not of the medical profession as a body, as Dr. Denny's letter infers.—ED.]

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



DR. W. S. CHRISTOPHER, of Chicago, recommends the following method of treating earache in children, and I presume it would relieve larger ears as well. Wring a fruit-napkin out of boiling water, place it in an ordinary drinking-glass, and hold the child's ear over the top of the glass tightly, so that it may be penetrated by the steam. This gives greater relief than any external application of heat or the introduction of warm oil, and is a cleaner method than the latter.

J.

EDITOR'S MISCELLANY



NURSING AS AN OCCUPATION.—The attitude of the *Medical Record* towards our great problem of "registration" is most gratifying, and the following editorial comment under date of November will be read with interest by all nurses:

"An annotation which appeared in the *British Medical Journal*, August 8, on this subject has aroused much attention, and has led to a considerable amount of correspondence. The question of the status of the trained nurse, and the loose definitions of the qualifications which give a person the right to lay claim to that appellation, have been referred to several times in the *Medical Record*. It would appear that in some respects the situation as regards nurses is quite as unsatisfactory in England as in this country. The market there is overstocked, and individuals with little or no training are allowed to compete on equal terms with those who have gained skill and experience from three years of hospital work. The aforementioned annotation in the *British Medical Journal* contains a plaint from a physician with regard to the incompetence and ignorance of many of the self-styled nurses, and gives an instance of the lengths to which such lack of knowledge, joined with impudent assurance, can go. The correspondence called forth by this communication has been interesting and at the same time timely.

"One writer declares that if medical men are content to trust their patients to any woman posing as a 'nurse' without inquiring as to her qualifications for the work she undertakes, they must bear at least some of the blame for the resulting danger to the public.

"The gist of the argument of all the writers is that the State should initiate a system of registration for nurses. One correspondent says, 'Surely it is time that the minimum standard of nursing should be defined by authority, and that those who are indorsed by their training-schools, and who have given proof that they have attained this standard, should be enrolled in a register under the authority of the State.' It is pointed out that registration of nurses is already in force in Cape Colony, Natal, New Zealand, and in four of the States of this country. Another correspondent draws attention to a saying of the late Sir James Paget: 'In the same family one sister takes a medical qualification and is registered, another becomes a nurse and she cannot be registered. The contrast is becoming ridiculous as well as unjust, and must soon come to an end.'

"A medical man writes as follows: 'We as medical men should do all in our power to help the nursing profession out of its chaotic state, and to put it on a firm and practical footing, because the two professions have so much in common; secondly, we shall be doing a greater duty to our patients if we try all we can to prevent their being left in the hands of inexperienced persons posing as so-called "trained nurses."'

"Finally it is stated that a bill is now being drafted in Great Britain by the Society for the State Registration of Trained Nurses, the object of which is to insure that nurses are really trained.

"The present condition of affairs in anomalous and unpractical as well as decidedly unfair to the well-trained nurses and the public at large. If the public could be made to realize the importance of having the services when sick of a

thoroughly trained nurse, the question of registering nurses would not be long left in abeyance. Good nursing is a most essential factor in the treatment of disease, and for the sake of all concerned it is expedient that registration of nurses should be introduced as speedily as possible."

DR. JAMES E. NEWCOMB, of New York City, in an address to the graduating class of the Memorial Hospital at New London, Conn., recently, made the following reference to the *THE AMERICAN JOURNAL OF NURSING*:

"Another way in which the student spirit may be maintained is by keeping yourselves in touch with the literature of your profession. I refer not merely to books but to periodical literature. Already a most creditable "Journal of Nursing" is published. Each one of you should have your own copy, read it thoroughly, and file it away carefully. Then, no matter how far you may be removed from institution activities, you are in touch with the world's progress. Such contact prevents the mind from becoming dulled and prevents you from falling into mere routine methods. It maintains a common interest in common things and continues your education."

Speaking of the "trained nurse" in distinction from the "educated nurse" he said:

"We are all familiar with the expression, 'trained' nurse. She has supplanted not only the Sairy Gamps and Betsy Prigs of olden time, but as well the kind-hearted yet officious relative whose energies, though well meaning, are so often misdirected, and perhaps this expression, 'trained' nurse, will always be the one in common use. I think, however, that we might better use the expression 'educated' nurse. And what is the difference between the two designations? To 'train' is to bring to a requisite standard, as of conduct, knowledge, or skill, by careful and protracted instruction and practice. To educate is to do far more than this. You can train an animal to do many things and to do some of them surprisingly well, but you cannot, except to a very limited extent, educate an animal. Education is to lead or call forth. It implies the development of power and efficiency from within, and not merely impressions made on plastic material. To educate is to exercise the mental faculties by instruction and discipline in such a way as to render efficient the natural powers. It is to bring the pupil to a state of capability by training. It is, therefore, far more than mere training. The latter is all right in its place, is a first step towards education, but is never a substitute for the latter. . . .

"I believe that the modern nurse is a very vital factor in the civic and ethical agencies of the present day. Her sphere of influence is by no means limited to the bedside or the sickroom. The matter calls for a wider view, for a broader outlook. By her suggestions to those in ignorance of matters of hygiene and right living, no less than by her gentle ministrations, she can exert a tremendous influence for good. By implicit obedience to orders she can exert and set an example the force of which can hardly be measured; by carrying sweetness and light into the homes she visits, she can exemplify that good old motto, 'noblesse oblige.' . . .

"I hope that no one of you has any regret that your pupilage has been spent in a small hospital. Such institutions must of necessity be adapted to the conditions of the communities they serve. Large cities demand large hospitals. Yet for the careful study of disease, I am not so sure that the small hospital does not answer equally as well, in certain respects, perhaps better. The number of cases is not so great but more time can be given to each. It can be more closely

studied, and the knowledge thus gained be the more carefully assimilated and therefore all the more ready for use."

DATA SUPPLIED TO TEACHERS BY THE MICHIGAN STATE BOARD OF HEALTH—
Principal Modes by which the Communicable Diseases are Spread.—Dangerous communicable diseases owe their existence to the presence of minute living organisms which are usually conveyed into the body by means of dust inhaled, food or drink consumed, or by insects, such as flies or mosquitoes, all of these being liable to become infected with disease-producing organisms. Once in the body, most of these organisms multiply very rapidly, and through their life processes produce poisons which are taken into the circulation and cause sickness and death. After invasion of a tissue by one species of such organisms a subsequent invasion by the pus-producing organisms which are extremely common not infrequently follows. This second infection usually increases the bad effect of the first.

Consumption, it has been shown, causes more deaths than any other disease. Though the lungs are usually the seat of this disease, yet not infrequently other organs of the body are attacked. Consumption, wherever located, is caused by a minute living organism which, after having gained access to some tissue of the body, multiplies rapidly, causes minute swellings called tubercles, and forms poisons which produce the wasting away of the body which is such a well-marked characteristic of this disease. Tubercles in the lungs of a person suffering from consumption frequently break down, and the matter contained in them is coughed up. This matter contains the organisms of the disease, and these organisms under certain conditions may retain their vitality for months, or perhaps years. A single drop of this sputum may contain myriads of these co-called tubercle bacilli, which are released when the sputum dries and may then float in the atmosphere. Air thus infected may produce the disease if inhaled by a person suffering from any irritation of the air-passages, the result of a cold or any other cause, especially if such person is peculiarly susceptible to the disease. It is, therefore, by means of sputa coughed up by a consumptive that the disease is usually spread. Another means by which the disease is probably spread, especially to children, is from the use of milk from tuberculous cows. Many herds contain animals affected with consumption, and without doubt the meat from such animals, as well as the milk, may cause consumption in human beings. The tubercle bacilli are responsible for every case of consumption.

Dust from Infected Handkerchiefs.—A general rule applicable to all persons, sick and well, is that handkerchiefs should be looked upon with suspicion. They should not be used after any secretion from the nose has been permitted to dry upon them. After being used they should be put into a paper bag, which may then have its top twisted shut, there to remain until put into boiling water.

It is best that all persons who have a cough should carry small pieces of cloth (each just large enough to properly receive one sputum) and paraffined paper envelopes or wrappers in which the cloth, as soon as once used, may be put and securely enclosed, and, with its envelope, burned on the first opportunity.

Typhoid fever is not often contracted directly from one sick with the disease, but usually from the use of food or water contaminated by the discharges from the bowels or bladder of the sick person. These discharges if dried may spread the disease through the air in the same manner as do infected sputa and nasal discharges. The chief source of danger, however, is believed to be drinking water contaminated by sewage or leachings from privies, etc. Professor Victor

C. Vaughan and other members of a commission appointed by the United States Government in a report on the causes of the large number of cases of typhoid fever in our armies during the Spanish War, has shown that houseflies were the carriers of the infection from the contaminated latrines of the soldiers to their food. How far these insects may be responsible for the spread of this disease in civil life is uncertain, but there is reason to believe that their influence is by no means inconsiderable. The organisms have been found in the sputum, they permeate the entire body of an infected person, and are sometimes found in excretions and abscesses after apparent recovery.

The organisms of typhoid fever are not always killed by freezing, but they are killed by boiling. All suspected water should be boiled. Milk frequently becomes contaminated with the organisms of typhoid fever as well as those of several other diseases. It is generally safest, therefore, to either sterilize or Pasteurize milk before feeding it to infants or children. . . .

Keep your premises and everything connected therewith clean, but remember that the contagium of these diseases may attack to the cleanest article of clothing, food, drink, book, or paper if it be exposed thereto.

MEDICAL RECIPROCITY.—Reciprocal registration is already existent in Wisconsin, Indiana, Michigan, Ohio, Iowa, and Kansas, and undoubtedly the interests of this highly commendable effort have been much benefited by the meeting of the American Confederation of Reciprocating Examining and Licensing Medical Boards at St. Louis, October 27, 1903.

Reciprocal registration is right in principle and will be right in practice when a uniform standard of professional ability is a prerequisite to any registration. It is manifestly unfair to expect any State which has careful and correct registration requirements to reciprocate with a State registering applicants upon relatively insufficient merits. The movement for reciprocity is good, and if it be made the instrument whereby uniformity of registration may be brought about will deserve the commendation and support of the entire professions.—*Annals of Gynecology and Pædiatry*.

THE HIGHER EDUCATION OF NURSES.—This subject is at present very justly receiving considerable attention and thought on the part of those most deeply interested in the training of nurses.

We feel that nurses not only need higher standards of education as nurses, but also higher preliminary education. Many young women enter training-schools with no knowledge of how to study, and therefore fall far short of the standard of any but an empirical and routine performance of duty.

The medical schools have, some of them, very wisely taken a step in the right direction in requiring a higher standard of preparatory education, and registration by examination is fast bringing all medical schools to an equal footing as to curriculum. Why not take a similar step as regards nurses? It would, of course, not require the same stringency, but an examination as well as a fee for registration would tend strongly to equal standards of education.

Coming into intimate association with homes of refinement, being frequently placed in positions which require infinite tact, being constantly called upon to decide whether to assume or reject the responsibility of crises, etc., certainly all point to the necessity for a high standard of education, of womanhood, and of professional ability.—*Editorial Comment, Annals of Gynecology and Pædiatry*.

PHYSICIANS' SECRETS.—The death of Dr. Playfair, the distinguished English physician, recalls a remarkable case in which he figured as defendant. He told his wife some things about a patient, and she, as a matter of course, told a number of intimate friends. The secrets disclosed were damaging to the patient and an action was brought. The court took cognizance of the medical oath and declined to hear testimony concerning the truth of the charges. The jury gave a verdict of sixty thousand dollars damages for the plaintiff, the biggest sum ever awarded in a case of that kind. Playfair was fully able to stand it, and it was good for the profession and the public. He may have had no purpose to disclose the secrets of a patient, and yet it is difficult to imagine one taking a simpler way of doing so.

When what is supposed to be a secret is communicated to a single individual it is no longer a secret. It is one remove from the party whose duty it is to preserve it, and the next step may occur by any accident without the conscious intention of the person possessing it. While Dr. Playfair was a great physician and contributed in many ways to the science of medicine, all of his services were not equal to the good done by this trial. It crystallized a principle which it was quite customary to dispute, and gave almost absolute security to the public. It must be obvious that if the physicians were at liberty to talk in public about the ills of their patients or the secrets confided to them, the anxiety and insecurity would be profound. The confidence between doctor and patient is of the closest. He has a liberty in a household which no other person out of the family enjoys, and a control peculiar to him.

The effect of the decision was directed more to the public, which was disposed to question the physician's privileges, than to the latter, though it undoubtedly led many doctors to take a more serious view of their responsibility. The oath of secrecy is part of the graduation pledge, and it is an extremely rare thing—and was before the Playfair decision—to hear even a suspicion that a doctor failed to keep the pledge. Physicians would doubtless be glad to have its scope extended so as to prevent the disclosure of secrets under any conditions. The cases where the law compels such exposure are very few, and it is probable that the public suffers greater injury by this compulsory breach of faith than it derives benefit from any advantages.—*Baltimore American*.



OUR CHRISTMAS COVER

OUR new Christmas cover design was drawn by Miss N. Le Sereven, a young artist who has recently graduated from the School of Applied Design in New York, where she won a number of prizes for original work in cover designing. The green of the JOURNAL cover, together with the technical character of the magazine, present some limitations from an artist's standpoint, but we feel that Miss Le Sereven has been exceedingly happy in her results.

EDITORIAL COMMENT



THE SUBJECT OF REGISTRATION

DR. BRISTOW'S address before the New York State Nurses, which we give as the leading article in this number, is the most valuable summing up of the whole subject of registration that we have had. Here we have in a nutshell a history of the origin of registration, a clear statement of what medical registration has done for the individual physician, and what it is to do for the individual nurse, provided all nurses who are entitled to its protection take advantage of it and register at once.

The fact that the New York State bill is not prohibitory is both its strength and its weakness. If the law in the very beginning had compelled nurses either to register or discontinue to practise their profession, as was required of the physicians when the medical law went into effect, great numbers of reputable untrained women who were dependent upon nursing would have been deprived of a means of earning a livelihood.

Because of its justice the law is strong. It is weak because, not being compulsory, nurses who are entitled to register, and from indifference or petty economy do not do so, are permitted to do the greatest injustice to other nurses who are public-spirited, and who desire the protection that *universal* registration would give.

Dr. Bristow has made the obligation very plain. He has shown the sort of thing that nurses have to complete with in quack nursing schools, that are growing in every section of the country, and, strange to say, always with medical men (so-called) as proprietors.

Correspondence schools are but one of the many forms of quack nursing institutions. The only protection nurses have is in the right to use a title that shall be the "hall-mark" of distinction between the nurses graduated from training-schools registered by the Regents, as in New York State, as maintaining proper standards of education, and the women who have either no diploma at all, or one from some kind of a quack school that has no legal status.

If the law is to do any good, all nurses entitled to registration must register.

ACTION OF THE SUPERINTENDENTS.

At the meeting of the superintendents of training-schools held in Pittsburg, just a short time before Dr. Bristow gave his address to the nurses in New York, "Correspondence Schools for Nurses" was the subject of a very lively discussion, and the following resolution was offered by Miss McIsaac, of Chicago, seconded by Miss Keating, of Buffalo, and carried unanimously:

"WHEREAS, The establishment of correspondence schools for nurses has been called to the notice of this society; and

"WHEREAS, Any method of training nurses apart from a hospital, where both practical and theoretical teaching may be obtained, is impracticable and inadequate; be it

"Resolved, That this society put upon record its unqualified disapproval of such schools, as alike detrimental to the public and to the nursing profession."

Thus the great teaching body of the nursing profession put itself upon record as condemning any method of training nurses apart from a hospital.

The theory of nursing may be taught theoretically, but *nursing* can only be taught by nurses at the bedside of the patient.

MRS. ROBB'S WELCOME TO NURSES

STRANGE things certainly are happening in the nursing profession. Several times during the past year nurses have been invited to speak to nurses at graduating exercises, and surely nurses would seem to be the *fitting* persons to welcome a class as they are about to join the ranks of the great nursing body. What a contrast between Mrs. Robb's words of welcome sympathy and the ideals she held up to the Johns Hopkins graduating class, and the hackneyed half-hour of "don'ts" that one has been accustomed to hear for the past thirty years! It is only to be regretted that her address will not be more widely read by that great public that feels it a duty always to pick a flaw in a nurse.

Mrs. Robb has shown that many of the faults of nurses, generally speaking, are the faults of the home education and of the period in which we live. Her subject has been carefully thought out, and she speaks from great experience, both from the standpoint of a teacher of nurses, as well as from that of a woman of broad experience in the world. We need more of such plain-speaking from the nurses' point of view.

THE VALUE OF LITTLE THINGS

THE nurse who has at her command many little devices, simple but ingenious, for increasing the comfort of her patients will often succeed with her cases where others fail. This is particularly true during protracted illnesses, when the dissatisfaction of the patient requires a more or less frequent change of nurses. Many of these complaints arise because the little details which add to the patient's comfort are either unknown or unheeded, and we are, perhaps, too prone to call them whims and to dismiss the little fault-findings with scant attention. We should make notes from time to time of the little devices attracting our attention. It is almost impossible to go through any hospital, no matter how poor the equipment (and it is often in the poorly equipped that one sees those things most valuable to the private nurse) without seeing small contrivances which are too valuable to be lost.

The nurse in private practice is constantly called upon to use her ingenuity in order to secure results under new and inconvenient conditions, and in time she unconsciously, perhaps, has a complete set of devices and contrivances that would be worth a fortune to the nurse just starting out. The obligations of the profession call for a freer exchange of ideas upon such simple but important points.

How many nurses have ever thought to remove the taste of castor-oil from a patient's mouth by giving her a large piece of the soft part of bread, to crowd into her mouth, put her teeth well into once, and then spit out? All the oil clinging to the tongue and teeth is removed, and a thin slice of lemon held in the mouth for a few minutes removes the taste of the oil completely. This simple method was learned when the writer was little more than a child in her own home, and has been used by her in both hospital and private nursing for many years. It would seem hardly necessary to caution even the youngest probationers *not* to give cold water directly after castor-oil, but we have recently actually seen this done when visiting a friend in a private hospital who was paying enormous

rates for the most "skilful" care. We question whether any nurse is competent to administer a dose of castor-oil until she has been obliged to swallow one herself. In fact, an illness is a necessary part of a nurse's education if she is to appreciate the value of those little things that make for comfort, and upon which depend her popularity.

GREAT WORK FOR CHILDREN

THE Christmas month being a season when the happiness and well-being of children is the predominating thought in the minds of most people, it would seem to be an especially appropriate time for our readers to be told something more in detail of the great work that has been done for the children of the New York schools by nurses during the past year—a work that contributes not only to the health of the children, but to their intellectual and moral development by preventing unnecessary loss of that all too brief school period.

Miss Rogers has told the story in a very plain way, letting the facts and figures that she has presented speak for the quality of the work and the devotion of the nurses engaged in it.

When we consider that this school work, with its far-reaching influences, is a nurse's idea, we may feel doubly proud of the splendid results shown in Miss Rogers's paper. Other cities are preparing to follow New York's example, and this field for nurses will broaden with each year.

QUESTIONS OF THE HOUR IN NEW YORK CITY

WE find New York City agitating the question of a County Society. A circular letter will be found in the official department in which the plan is outlined, and we shall from time to time report progress in these pages. New York City being the great nursing centre of the country, such a plan as is being contemplated will be very far-reaching in its influence, and for that reason is of general interest. Boston, Philadelphia, and several of the smaller cities have a central or county club, but New York, owing to its great size, has been slow to take up this idea. Abuses such as are shown in Miss Thornton's letter, the need of a central directory governed by nurses, would seem to demand greater concerted effort on the part of both nurses and hospitals in New York than is now given.

We are hearing much also of the need of a nurses' hotel, where, on a strictly business basis, the nurses may live in independence and comfort in a building conducted upon the lines of the new women's hotel, the "Martha Washington," which has proved to be such a success. It has been suggested that stock for such an enterprise might easily be raised among the nurses of New York, and when we think of the great number of nurses, popular estimate being eight thousand, the plan would seem to be entirely feasible. If it could only be shown in a practical way that for the same money nurses could exchange their too often dark, crowded apartments for light and comfortable rooms, we believe this plan could be carried out with little difficulty. What the scheme seems to lack is a leader.

THE TRIP TO BERLIN

THE trip abroad which is being planned with special reference to the International Congress of Nurses to be held in Berlin during the early summer promises to be a most exceptional opportunity for a party to see some of the

principal points of interest in Europe under conditions both congenial and economical.

Miss Thornton, who is arranging the details of the journey, is giving much time and study to the matter, and those who join her party may be sure of getting the best possible return for their money. In a trip of ten weeks, for instance, one may see a great deal and bring back many delightful impressions, or one may get little out of it; it all depends upon making the best possible use of every day and hour.

The southern, or Mediterranean, route is much to be preferred if Italy is to be visited. The approach is most beautiful, and to see Naples and Vesuvius for the first time from the sea is a picture never to be forgotten.

Two days in Naples would be better than no Naples at all. Pompeii unfolds a great world of history, and may be easily seen in a day. "Baedeker" says "not less than a fortnight in Rome," but if time must be limited to five or six days, the greatest of her treasures may be seen in that time—of course, in a superficial way. St. Peter's, the Vatican, and the Castle of St. Angelo, the Colosseum and the Forum, the Capitol and the never-to-be-forgotten drive to the Appian Way, and much more may be included in a stay of only a few days. We once spent a month in Rome and visited St. Peter's many times, but the picture that we carry in our mind is of the first view, when we crossed the threshold of the entrance way.

So we would say a few days in Florence and Venice, a longer time in the Italian lake country and Switzerland, for sight-seeing is fatiguing and nurses are tired women; then, after Berlin and the Congress, a little more of Germany, a week in Paris if possible, and all the time there is left in England. Here one may roam about without a guide, and every inch is of interest to Americans. Where time is so limited, one gets so much more out of it where one can not only see but hear and be understood.

There is not only the pleasure for the time in a trip of this kind, but one's horizon is so extended. The newspaper is read with greater intelligence. Every Italian laborer is regarded with a new interest, for to have seen his country gives us a new attitude towards every foreigner within our gates.

Nurses as a class need such recreation, and money is never regretted spent in this way.

NEW YORK NURSES AND TRAINING-SCHOOLS

THE circular letter of the secretary found on another page gives minute instruction for filling out the blanks for registration. The Board of Nurse Examiners are very desirous to register the regular graduates who are entitled to register without examination before the examinations for the non-graduates begin in June. Nurses may register any time within three years from the passage of the bill, but it is requested that they will do so soon, to aid the examiners in the work before them.

We wish to remind the superintendents of training-schools of that clause in the bill which provides that graduates from training-schools registered by the Regents as maintaining proper standards may, upon complying with certain conditions, be registered, etc. Many of the very women who worked the hardest for the passage of the bill have neglected to fill out the blanks for the registration of training-schools issued from the Regents' office, and the work of the examiners is being greatly obstructed by their negligence.

A PIANO FOR ARMY NURSES

WE are told that private information recently received at the Surgeon-General's Office disclosed the fact that army nurses are not entirely dependent on their surroundings for their happiness. Even at so isolated a post as the one at Fort Bayard the nurses report themselves as happy, most interested in their work, and getting no end of amusement incidentally, and quite a considerable amount of money, from a little bank in the middle of their dining-table. The chief nurse, at the suggestion of the commanding officer's wife, requires them to deposit in the bank five cents for every time they use a slang word or expression, and ten cents for carelessly making a spot upon the table-cloth. But this bank has a wider field of usefulness than at first appears in its object to purify the English and keep spotless table-linen. The fund so deposited was to go towards a piano which the nurses were ambitious enough to endeavor to buy. Having purchased attractive furniture for use in their little parlor and sitting-room, they put themselves into communication with various Eastern manufacturers to ascertain the cost of a piano, but finally decided to save freight and purchase from a firm in Silver City,—the nearest town,—nine miles from the hospital.

The letter giving this information was so full of good cheer and evidences of contentment that it was brought to the attention of the Surgeon-General, who immediately exclaimed, "Why, the nurses need not buy that piano. They shall have it given to them." An order was sent that proper application should be made to the Surgeon-General and a piano would be forthcoming. The only proviso was to be that the piano should be a *good one*, no cheap affair that would go to pieces in a year. It was then suggested that the money the nurses had contributed towards this piano fund should be put into books, and this was met with the reply, "But the Surgeon-General will give them all the books they want." And so Mrs. Kinney was permitted to write the nurses of this generous offer and of the answer of the Surgeon-General to her acknowledgments of his kindness, namely, "I am only too glad to do anything I can to make them happy and contented."

It seems but a very few years since it came to our knowledge that a requisition for rocking-chairs for the nurses at a certain hospital was regarded by the authorities at Washington as most unnecessary extravagance. It speaks volumes for the quality of the service given that the attitude of the Medical Department has so changed towards the Army Nurse Corps, and we believe in time the army service will call for only the highest type of women, and that the recognition will be the same as that accorded to all officers of the government.

CHRISTMAS, 1903

THE year 1903 will always be a memorable one to nurses, because in this year trained nursing has been given a legal status. State registration is a fact. Nurses have been brought into closer sympathy, nursing education has made great strides.

We enter upon the Christmas season with thankful hearts that we have been permitted to be a factor in the work accomplished. We wish a "Merry Christmas" to all those, far and near, who have fought in the battles of the year now closing, and a "Happy New Year" to those who will carry on the good work in the year to follow.

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